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CREDIT APPLICATION AND AGREEMENT

CREDIT APPLICATION: ALL INFORMATION MUST BE PROVIDED (TYPED OR PRINTED)

Your Company's Legal Name: _____.

Legal composition (Circle one): Corporation Sole proprietorship Partnership LLC

Name of owner(s): _____

Officers if a corporation: President: _____ VP: _____

Treasurer: _____ Secretary: _____

Complete business address: _____

Telephone No. (____) _____ Fax No. (____) _____

County: _____ Tax ID No. _____

Circle One: Taxable Non-taxable (If non-taxable, Tax exempt certificate must be attached)

BANKING INFORMATION:

Name of Bank: _____ Account no.: _____

Telephone no. (____) _____ Contact: _____

TRADE REFERENCES (Please include company name, telephone number and fax number)

1) _____ Phone (____) _____ Fax (____) _____

2) _____ Phone (____) _____ Fax (____) _____

3) _____ Phone (____) _____ Fax (____) _____

4) _____ Phone (____) _____ Fax (____) _____

Purchase Order required: YES NO (Circle One)

Special instructions requested: _____

CREDIT AGREEMENT ON REVERSE SIDE MUST BE COMPLETED

NOTE: THE FOLLOWING AGREEMENT MUST BE SIGNED AND RETURNED TO THE A. R. CHAMBERS SUPPLY, INC. WHEN THE CREDIT APPLICATION IS ACCEPTED, THIS AGREEMENT WILL BE SIGNED BY A. R. CHAMBERS SUPPLY, INC. AND A COPY WILL BE RETURNED TO YOU.

CREDIT AGREEMENT: _____ (hereinafter "Customer")

[Insert your company Name]

and A. R. CHAMBERS SUPPLY, Inc.(hereinafter "Chambers"), in consideration of the mutual covenants contained herein and intending to be legally bound hereby, agree as follows:

CREDIT INFORMATION: All information on the foregoing Credit Application is furnished on a confidential basis in support of Customer's request to make commercial purchases on credit. Customer certifies that the information furnished is true and correct and acknowledges that any information omitted or misstated may cause its request for credit to be denied by Chambers. Customer authorizes Chambers to investigate the References and Bank listed as well as other credit sources pertaining to Customer's credit history and financial condition.

RETURN POLICY: No material is returnable by Customer to Chambers without prior authorization. If return authorization is granted, Customer agrees to a 20% restocking charge.

CREDIT TERMS: Credit Terms are net 30, full payment is due within 30 days of invoice date. Customer shall have a credit limit of \$ _____, and agrees not exceed said limit or the unpaid balance shall immediately become due and payable. Customer agrees to pay a service charge of 1½ percent per month (18% per year) on all balances that are not paid within 30 days of invoice date. Furthermore, Customer agrees to pay any and all collection expenses, including attorneys' fees, that may become necessary to effect collection of the account should Customer become delinquent.

Customer's Legal Name: _____

Dated: _____

Customer's Authorized Signature and Title

Dated: _____

Chambers's Authorized Signature

PERSONAL GUARANTY: I, the undersigned, for and in consideration of Chambers extending credit to Customer as set forth above, and intending to be legally bound hereby, personally guarantee the prompt payment of all obligations of Customer to Chambers, whether now existing or hereinafter incurred, and agree to pay on demand any sum which is due to Chambers by the Customer including accrued services charges and collection expenses including attorneys' fees. I understand that this guaranty is absolute, continuing, and irrevocable, except as to purchases made by Customer after Chambers has received my written notice of withdrawal of this guaranty. I expressly waive presentment, demand, protest, and notice of protest, dishonor, notice of default or nonpayment. I further waive any right to require Chambers to proceed first against the Customer for payment of any delinquency.

Dated: _____

[Guarantor's Signature]

Print Guarantor's Name: _____