



346 Wealthy SW, PO Box 2806, Grand Rapids, MI 49501-2806

THIS APPLICATION FOR CREDIT MUST BE COMPLETED IN FULL AND SIGNED BY THE PRINCIPAL OWNER OR OFFICER OF YOUR COMPANY OR CORPORATION. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

BUSINESS NAME _____ YEARS IN BUSINESS _____

BUSINESS ADDRESS _____ YEARS AT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE NUMBER _____

CELL PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

ANTICIPATED MONTHLY PURCHASES: _____

PLEASE CHECK ONE: CORPORATION PARTNERSHIP INDIVIDUAL

SOCIAL SECURITY NUMBER: _____

FEDERAL I.D. NUMBER: _____

STATE SALES TAX NUMBER: _____

OWNER, PARTNER, AND/OR STOCKHOLDERS

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

FINANCIAL AND MISC. INFORMATION

NAME OF BANK AND LOCATION _____ PHONE _____ ACCOUNT NUMBER _____

NAME OF INSURANCE COMPANY AND LOCATION _____ PHONE _____ POLICY NUMBER _____

TYPE OF BUSINESS _____ LICENSE NUMBER _____

TRADE REFERENCES (PLEASE DO NOT LIST HOME DEPOT, LOWE'S, OR MENARDS, AS THEY DO NOT RESPOND)

NAME _____ ADDRESS _____ AMOUNT OWED _____ PHONE NUMBER _____

NAME _____ ADDRESS _____ AMOUNT OWED _____ PHONE NUMBER _____

NAME _____ ADDRESS _____ AMOUNT OWED _____ PHONE NUMBER _____

OTHER LOCATIONS – HOLLAND, LANSING, MT. PLEASANT, SAGINAW, TRAVERSE CITY, PETOSKEY

CONDITIONS OF SALE

1. Payments are to be sent to Eikenhout, Inc. at 346 Wealthy SW, PO Box 2806, Grand Rapids, MI 49501-2806 in accordance with the credit terms granted.
2. I (we) agree to 1-1/2% per month (annual percentage rate of 18%) finance charge on any amounts past due 30 days and over.
3. I (we) understand returned checks will result in a \$30 assessment, which must be paid immediately. Eikenhout, Inc. shall have the right to demand payment of the returned check(s) in CASH, CERTIFIED FUNDS, OR MONEY ORDER within forty-eight hours.
4. When credit is approved, the terms of sale shall be Discount 10th Prox., Net 30.
5. In the event that a dispute arises concerning the performance of this agreement, the parties agree that the prevailing party shall be entitled to reasonable attorney fees.
6. The parties agree that if a suit is filed to enforce the terms of this agreement, Kent County, Michigan shall be the proper venue for any such legal action.

For the purpose of obtaining an open account credit, I (we) state the information furnished on this credit application is true and correct. I (we) agree to abide by the above terms and conditions of sale. I (we), the undersigned, hereby give Eikenhout, Inc. the permission to investigate our credit records. I (we) understand this information will be held in strict confidence.

Signature

Date

Print Name and Title

PERSONAL GUARANTEE

To: Eikenhout, Inc.

Date: _____

To induce you to extend credit by way of sale of merchandise on open account to _____ (Corporate Name), a Corporation in officer of agent, do hereby personally guarantee payment to you of indebtedness hereafter owed to you by said customer and agree and promise to pay same upon demand. I recognize you will rely on the within personal guarantee in extending credit to the aforesaid customer.

Signature of Witness

Signature of Owner

Signature of Witness

Signature of Owner

INVOICE AND STATEMENT PREFERENCE

I, _____, give Eikenhout, Inc. the permission to send invoices and statements via email or fax. (Check One) FAX EMAIL US POSTAL SERVICE

Signature

Date