



ASTORIA BUILDERS SUPPLY CO.
 (503) 325-3611 • FAX (503) 325-4727
 1777 MARINE DRIVE • ASTORIA, OR 97103

GEARHART BUILDERS SUPPLY CO.
 (503) 738-3366 • FAX (503) 738-8909
 4320 HWY. 101 N. • GEARHART, OR 97138

ACE Hardware
 "Ace is the Place with the Helpful Hardware Folks"

BUSINESS CREDIT APPLICATION

DATE _____, 20____

LEGAL NAME OF CORPORATION, PARTNERSHIP OR PROPRIETORSHIP _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (if different) _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ ALTERNATE PHONE _____ FAX _____

IF THIS IS A SUBSIDIARY: NAME OF PARENT COMPANY _____ PHONE _____

ADDRESS OF PARENT COMPANY _____ CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS: PARTNERSHIP INDIVIDUAL PROPRIETORSHIP CORPORATION FEDERAL TAX ID NO. _____

IF A CORPORATION: STATE OF INCORPORATION: _____ DATE INCORPORATED _____ YEARS IN BUSINESS _____

PRINCIPALS:	NAME	HOME ADDRESS	SOCIAL SECURITY NUMBER	POSITION
A)	_____	_____	_____	_____
B)	_____	_____	_____	_____
C)	_____	_____	_____	_____

CREDIT REFERENCES: _____

1) BANK: NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 BANK CONTACT PERSON _____ PHONE _____ FAX _____

2) SUPPLIER: NAME _____ PHONE _____ FAX _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

3) SUPPLIER: NAME _____ PHONE _____ FAX _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

4) SUPPLIER: NAME _____ PHONE _____ FAX _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTRACTORS LICENSE # _____

JOB TYPE: COMMERCIAL RESIDENTIAL APARTMENTS OTHER _____

TYPE OF PROJECT: NEW CONSTRUCTION REMODEL OTHER _____

PROJECT ADDRESS: _____

FINANCING SOURCE: CASH REFINANCE BANK LOAN OTHER _____

FINANCING INFORMATION: BANK/LENDER _____

BANK/LENDER ADDRESS _____

CONTACT _____ PHONE _____

IS JOB BONDED? YES NO IF SO, BONDING AGENCY: _____ PHONE _____

BONDING AGENCY ADDRESS _____ CITY _____ STATE _____ ZIP _____

Credit Limit Requested:
 \$ _____

Please complete and sign other side of this application.

PURCHASE ORDER REQUIRED? YES NO

NAME(S) OF PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT:

_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Charges will be accepted only from the above-listed persons. Any change in authorized agents must be submitted in writing.

ALL ACCOUNTS ARE JOB SPECIFIC.

TERMS AND CONDITIONS: All new accounts are set up job specific. Each of these accounts will be separated by project address. Please contact your contractor representative or our business office to establish each job account. Astoria Builders Supply Co. sends Notice of Right to Lien to property owners on all projects. We ask that you provide us with the following information before the order is placed: Owner(s) Name, Physical Address, Bank Financing and Contact Information.

All accounts close on the 26th of each month and balances are due by the 10th of the following month. **OUR CREDIT TERMS DO NOT OFFER A MINIMUM MONTHLY PAYMENT, ALL ACCOUNT BALANCES ARE DUE IN FULL EACH MONTH.** All delinquent accounts are subject to a credit hold. Account balances that are not paid in full within our terms will be assessed a 2% monthly service charge (24% annual).

If Seller places this account in the hands of an attorney for collection, the attorney's fees incurred by Seller, plus reasonable costs shall be added to and become a part of the unpaid balance owing as of the date such expenses are paid by Seller. If either party institutes suit or action to enforce this agreement, the prevailing party shall be entitled to recover from the other party all costs and disbursements incurred, plus such sum as the court may adjudge reasonable for attorney's fees at trial and on any appeal.

I/we certify that the above information is true and correct and I/we agree to pay this account in accordance with your credit terms. I/we agree to pay for all charges incurred by those authorized to charge on this account and agree that any additions or deletions will be made in writing. I/we authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency.

If no authorized agents are listed, then I personally guarantee all individuals who use this account.

Signed _____ DATE _____

PLEASE PRINT NAME: _____ POSITION _____

Signed _____ DATE _____

PLEASE PRINT NAME: _____ POSITION _____

NOTE: If a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.

PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS

In consideration for the credit extended to the above-listed corporation, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation through any of its authorized agents listed above.

If no authorized agents are listed, then the undersigned guarantees all individuals who use this account.

Signed _____ DATE _____

PLEASE PRINT NAME: _____

Signed _____ DATE _____

PLEASE PRINT NAME: _____

FOR OFFICE USE ONLY:

ACCOUNT #		CREDIT LIMIT \$
TERMS		
DATE RECEIVED	APPROVED BY	DATE APPROVED