



SALES REP: \_\_\_\_\_

DATE: \_\_\_\_\_

### CONFIDENTIAL CREDIT APPLICATION

Company: \_\_\_\_\_ Corporation / Partnership / Proprietor  
 Address: \_\_\_\_\_ Date Established: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Is Applicant Tax Exempt:  Yes  No  
 Phone: \_\_\_\_\_ If Yes Attach Tax Exempt Certificate  
 Name of Owners or Principal Officer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Social Security Numbers: \_\_\_\_\_  
 Name of Bank: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Federal Id #: \_\_\_\_\_

### APPLICANT

State Line Building Supply's payment terms are net 25th. This means any material bought in a given month is due by the 25th of the following month.

The undersigned agrees for the applicant to pay invoices in accordance with payment terms above. The undersigned further agrees, for the applicant, to pay cost of collection of any past due balances including thirty percent (30%) attorney fee, and interest at the rate of eighteen percent (18%) per annum on all amounts past due. If the applicant is a corporation, the person signing the application on behalf of the applicant warrants that he is authorized to do so. If the applicant is not a corporation at the time of this application, and subsequently incorporates his business with or without the knowledge of State Line Building Supply, Inc., the applicant agrees to be jointly and severally liable to SLBSI for any indebtedness incurred by or transferred to such corporation. This credit application shall be governed by Virginia Law and the undersigned, as well as any guarantor, irrevocably agree to submit to venue and jurisdiction in Virginia as to any disputes relating (in any way) to this credit application.

This Credit Application contemplates multiple sales of a variety of materials for Incorporation by applicant into one or more improvements located on one or more subdivided or otherwise legally distinct lots, parcels, or units of real property. Applicant agrees that, on the basis of information provided by applicant, State Line Building Supply, Inc. may designate on the invoice for all materials sold on credit to applicant the lot, unit, or parcel into which the material was incorporated and that such designation shall be conclusive and binding as to the use of such materials unless applicant provides to State Line Building Supply, Inc. In writing a correction of such designation within (15) days from the date of such invoice. Applicant further agrees that all sales designated as aforesaid to a particular lot, unit or parcel, from the first sale to the last sale, shall be deemed to be part of one supply contract any lien or collection rights against such lot, unit, or parcel of other rights of collection for such sales.

I authorize State Line Building Supply, Inc. To make whatever credit inquiries necessary to process this credit application.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any purchase by the applicant shall constitute a specific acceptance of terms as written above.

### PERSONAL GUARANTEE

The undersigned guarantor hereby, jointly and severally, personally unconditionally guarantees payment of total sum due for account indebtedness incurred by Applicant and attorney fees and court costs incurred in enforcing the Guaranty. The attorney's fees for enforcing the Guaranty shall be calculated at thirty percent (30%) of the principal indebtedness and accrued interest under Guaranty. This is a continuing Guaranty and until revoked shall cover all future indebtedness of applicant.

\_\_\_\_\_  
 Guarantor Name (Print) Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Co-Owner of Assets (Print) Signature

\_\_\_\_\_  
 Address

## TRADE REFERENCES - SUPPLIERS

NAME OF REFERENCE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Account#: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Account#: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Account#: \_\_\_\_\_

## PERSONAL REFERENCES

NAME OF CLOSEST RELATIVE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person #: \_\_\_\_\_

NAME OF BONDING COMPANY: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

OTHER: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_



Box 263, U.S. Rt. 113 DuPont Highway, Selbyville, DE 19975  
(302) 436-8624 Office (302) 436-8631 Fax