



NOT JUST A PRODUCT...A SOLUTION.

EKENAMILLWORK.COM

Business Credit Application

Thank you for your interest in our company's products and services. We appreciate your business and look forward to a long and prosperous business relationship.

Please complete the credit application and return via the fax number or email address below, attention Credit Department. Please note our credit terms. You will be advised shortly of your credit status with our company. Thank you.

Business Information

Business Legal Name: _____ Business Trade Name: _____

Business Address: _____ City: _____

State/Province: _____ Zip Code: _____

Web Site Address: _____

Check One: Sole Proprietorship Partnership Corporation LLC Other

Federal Tax ID Number: _____

Contact Person: _____ Title: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Ext _____ Fax Number: _____

E-mail Address: _____ Department: _____

Hours of Operation: _____

Names of Authorized Account Users: _____

Do you require an Invoice? Yes No

Invoice Preferred? Weekly invoice and monthly statement Open item statement

Billing Address Information (If different from above)

Billing Address: _____ City: _____

State/Province: _____ Zip Code: _____

Contact Person: _____ Title: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Ext _____ Fax Number: _____

E-mail Address: _____ Department: _____

Other Location Information (i.e. local contacts)

Additional Location: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Contact Person: _____ Title: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Ext _____ Fax Number: _____

E-mail Address: _____ Department: _____

Hours of Operation: _____

Preferred Billing Date: _____

Names of Authorized Users: _____

Doing Business as (DBA) Names: _____

Bank References

Bank Name: _____ Account Number: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Telephone Number: _____ Ext _____

Bank Officer: _____

Bank Name: _____ Account Number: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Telephone Number: _____ Ext _____

Bank Officer: _____

Trade or Supplier Credit References (must provide at least 3)

Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Ext _____ Fax Number: _____

Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Ext _____ Fax Number: _____

Trade or Supplier Credit References Continued

Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Ext _____ Fax Number: _____

Names of Principals: Owners, Officers, Partners

Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Ext _____ Fax Number: _____

Social Security #: _____

Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Ext _____ Fax Number: _____

Social Security #: _____

Please attach additional pages if you have more than two principals.

I certify that I am authorized to sign and submit this application for and on behalf of the applicant.

I also certify that the foregoing information is true and correct to the best of my knowledge.

Name (Please Print or Type)

Title

Signature

Date

Credit Terms Agreement

I, the "Applicant," hereby agree to the following credit terms agreement in connection with my application for credit terms from _____ Ekena Millwork, Inc. I, Applicant, agree as follows:

1. Applicant represents that the information supplied with the credit application and all associated documentation is in all respects complete, accurate, and truthful. Applicant agrees to notify Company promptly, in writing, of any substantive changes in the information Applicant has provided.
2. Applicant agrees to pay in full for goods and services rendered (without deduction or setoff) on or before the earlier of the 30th day of the month following the date of billing or the due date started on each billing to the order of Company. Any amounts not paid when due shall be assessed a service charge at the rate of 2.0% per month or the highest rate allowed by law.
3. If Applicant's account is placed or given to an attorney for collection, Applicant shall pay any and all expenses of collection and attempted collection, court costs, and reasonable attorney's fees in addition to other amounts due. The failure of Company to charge interest on Applicant's account or pursue any other remedy available to it shall not constitute Company's waiver of any rights.
4. The acceptance of this application by Company does not constitute an agreement to extend credit to Applicant or to provide services to Applicant. Company, in its absolute discretion, may set and/or modify credit limits from time to time or terminate credit, with or without notice to Applicant.
5. In the event Applicant or any affiliate of Applicant (i.e., a company or other entity under common control) defaults in the payment of any sums due to Company, all other amounts due from Applicant or any affiliate shall be immediately due and payable, including any amount due for freight in transit. Also, in the event of such default, to the extent allowed under applicable law, Company is hereby authorized by Applicant to take possession of any freight then being shipped by Applicant and hold the same until payment is made, with all the rights of a secured party under the Uniform Commercial Code, as applicable in the State of Company's headquarters.
6. Applicant agrees that Company may set off against monies due it from Applicant or any affiliate any monies owed by Company to Applicant or any affiliate. Applicant agrees that he/she will not set off against any amounts due Company or claimed to be due to Applicant from Company.
7. If any one or more of the above terms becomes invalid or illegal in any respect, such term or terms shall be waived and the validity, legality, and enforceability of the remaining terms shall not be affected.
8. All disputes related to underlying charges must be submitted to Company no later than 30 days following date of billing. Any billing not challenged within 60 days will be deemed accepted and it is agreed will not thereafter be subject to dispute by Applicant. Adjustments must be submitted to Company in writing. All adjustments must reference either an invoice number or an air waybill number, or both numbers, for which the adjustment is being made.
9. I have read, I understand, and I accept the above terms, and I have provided true information to the best of my knowledge. I understand you will rely on the information provided herein in determining whether to extend credit and the limits thereof and that you may wish to periodically update the information given herein. For the purpose of obtaining credit from Company, Applicant hereby authorizes Company or its agents to investigate the Applicant's personal, partnership, or corporate credit and financial responsibility.

Applicant

Name (Please Print or Type) Title

Signature Date

Credit Approval Form (internal use only)

To be completed by the Credit Department.

Company

Name (Applicant): _____

Company Address: _____ City: _____

State/Province: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Ext _____ Fax Number: _____

Bank References Notes: _____

Credit References Notes: _____

Approximate Amount of Business Anticipated per Month (as per Sales Manager) : \$ _____

Credit Terms: _____ Credit Limit: _____

Any Special Instructions: _____

Prepared By: _____

Approvals:

Credit Manager: _____ Date: _____

Sales Manager: _____ Date: _____

Controller: _____ Date: _____

General Manager: _____ Date: _____