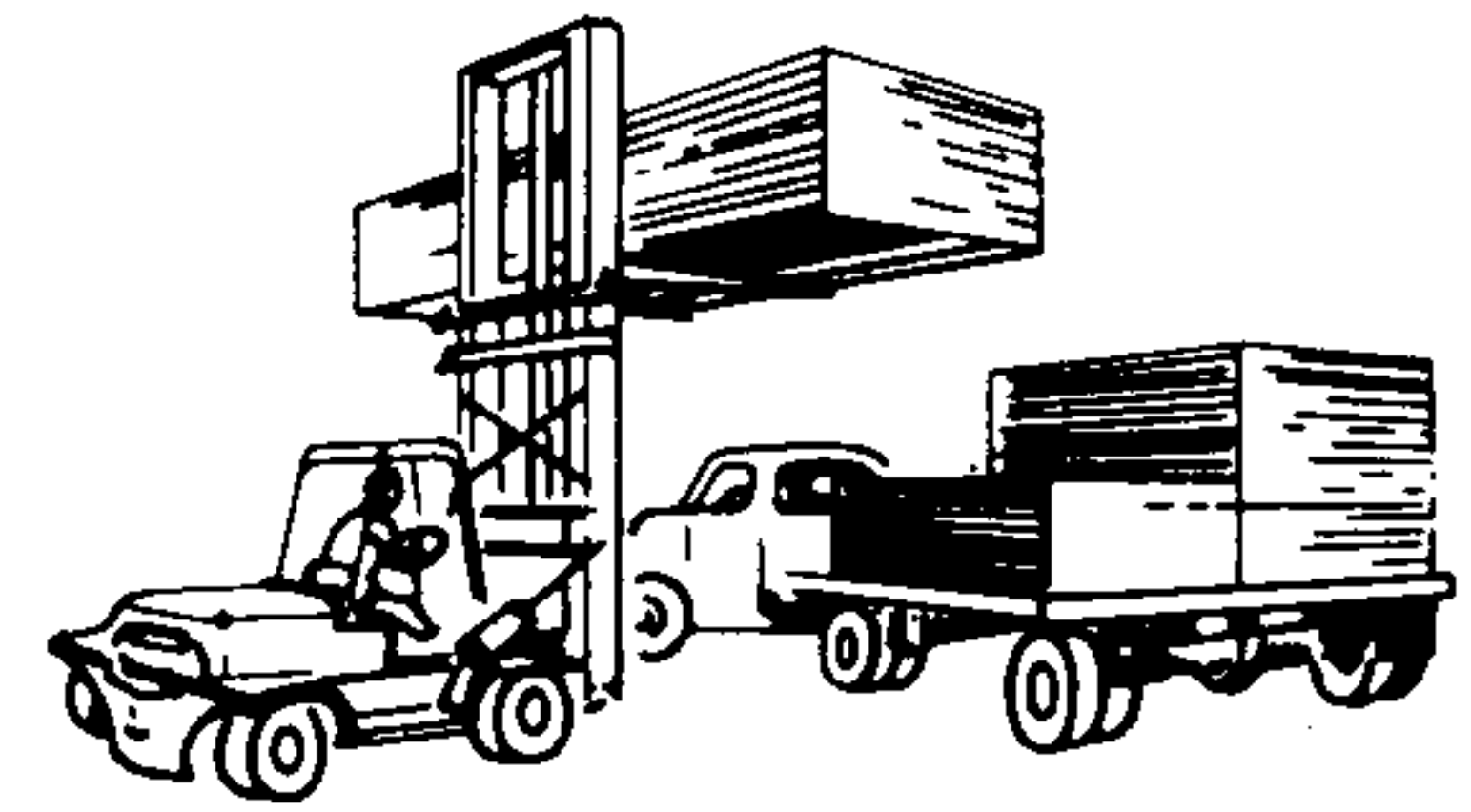


# KASLANDER LUMBER

*Company, Inc.*

MILLWORK AND ALLIED BUILDING MATERIALS



373 5TH STREET • NEWARK, NEW JERSEY 07107 • 973 / 483-4452 • FAX. 973 / 483-0552

## CREDIT APPLICATION

DATE \_\_\_\_\_

LEGAL NAME OF INDIVIDUAL, CORPORATION,  
PARTNERSHIP, OR PROPRIETORSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

BUSINESS PHONE \_\_\_\_\_ CELL PHONE OR BEEPER \_\_\_\_\_

IF THIS IS A SUBSIDIARY:

NAME AND ADDRESS OF PARENT COMPANY \_\_\_\_\_

TYPE OF BUSINESS:

- PARTNERSHIP
- INDIVIDUAL PROPRIETORSHIP
- CORPORATION

HOW LONG IN EXISTENCE \_\_\_\_\_ YEARS

IF CORPORATION:

STATE INCORPORATED IN \_\_\_\_\_

DATE INCORPORATED \_\_\_\_\_

PRINCIPALS:	NAME	HOME ADDRESS	HOME PHONE	POSITION
A)	_____	_____	_____	_____
B)	_____	_____	_____	_____
C)	_____	_____	_____	_____

### CREDIT REFERENCES:

- 1) BANK: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 2) SUPPLIER: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) SUPPLIER: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 4) SUPPLIER: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. I/We further agree to pay a 25% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

Signed \_\_\_\_\_ Position \_\_\_\_\_

Signed \_\_\_\_\_ 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. I/We further agree to pay a 25% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Credit Approved YES \_\_\_\_\_ NO \_\_\_\_\_

As Per \_\_\_\_\_

Credit Limit \_\_\_\_\_