Miller's Building Supply, Inc.

millersbuildingsupply.com 1819 E. Monroe Goshen, IN 46528 Phone (574) 534-3973 Fax (574) 533-8604

Miller Door & Trim

millerdoorandtrim.com 2249 Lincolnway E Goshen, IN 46528 Phone (574) 533-8141 Fax (574)534-8132

Credit Application

| Business Name | Line of Credit Requested \$ | | | | | | | |
|---|---------------------------------------|--------------------------------|----------|-------------------|--------|--|--|--|
| Address | | | Fo | r Past | _years | | | |
| City | St | Zip Code | | | | | | |
| Phone () | | Fax (| .) | | | | | |
| E-Mail Address | Cellular # | | | | | | | |
| D/B/A | Federal Tax ID# | | | | | | | |
| Former Business Addres | s (if applicable) | | | | | | | |
| Type of Business | Date Established How long in Business | | | siness | | | | |
| OWNERSHIP: | _ Sole Proprietorship | Partnership | Corpor | Corporation | | | | |
| OFFICER: | (NAME) | (Title) | (SS# | (SS# or License#) | | | | |
| OFFICER: | (NAME) | (Title) | (SS# | (SS# or License#) | | | | |
| OFFICER: | (NAME) | (Title) | (SS# | (SS# or License#) | | | | |
| OFFICER: | (NAME) | (Title) | (\$\$# | or License#) | | | | |
| | , | , , | (33# | OI LICCIISC#) | | | | |
| NAME | SUPPLIER REFERENCES: ADDRESS/PHONE# | | | | | | | |
| | | | | | | | | |
| | BANK | REFERENCES: | | | | | | |
| (Name) | (Addre | ss) | (Acct #) | (contact) | | | | |
| (Name) | (Addre | ss) | (Acct #) | (contact) | | | | |
| No. of Employees | Est. Annual sales Sales Area_ | | | | | | | |
| Person's authorized to ch Please attach se | | re names than will fit into sp | ace. | | | | | |
| Are Purchase Orders/ Jol | b Names required? Yes, | No Tax Status: Tax Exempt# | | | | | | |

| Type of Business/Construction | | • / | | |
|---|--|--|---|---|
| Residential Construct | | Manufacturer | | al Contracting |
| Commercial Construction Remodeling Construction | | Personal Project(s) Drywall Hanging | | ontracting nment Projects |
| Speculation | | Drywall Finishing | | |
| Miller's Building Supply a Please enter the email add | and Miller Door & Trin | n sends invoices and state | ements via email | |
| If you must receive invoice handling fee may be access | | ostal service, please conta | act the office. A | monthly postage and/or |
| Has the firm or any of its | officers ever been Bank | rupt? | Yes | No |
| If yes, explain | | | | |
| Any misrepresentation in this extending of credit. As an inc You are authorized to investi | lucement to grant credit, the | he undersigned warrants tha | | |
| In consideration for the external pay a service charge per mon parties are employed to collection costs, including att undersigned represents that h | th of 2% per month (24% et any outstanding monies orney fees, whether or not | annual percentage rate) on a owed by said business the tilitigation has commenced, | all past due balance undersigned agrees and all costs of liti | es. In the event any third to pay reasonable gation incurred. The |
| (Name of Business) | | | | |
| (Print Name) | (Title) | (S | ignature) | (Date) |
| (Print Name) | (Title) | (S | ignature) | (Date) |
| In consideration for Miller's materials and/or services afte guarantees unconditionally a and Miller Door & Trim by t | Building Supply and Millor this date at the request on irrevocably the prompt | f applicants or its agents, the payment of any sums now | redit to the busines e undersigned indiv or hereafter owed to | vidual hereby personally o Miller's Building Supply |
| It is understood and agreed the required as stated in the credit Building Supply and Miller I credit and the undersigned we extended by Miller's Building | t agreement between Mill Door & Trim shall not be caives demand, notice of de | er's Building Supply and Mobiligated to notify the under efault and any extension of the supplemental of t | filler Door & Trim rsigned of the dates | and the business. Miller's or amounts of any such |
| This guaranty shall continue received by Miller's Building terminated; said date not to b undersigned as to any sum or | Supply and Miller Door e less than seven days after | & Trim. Said notice shall sper such notice is received. So | ecify the date on w | hich this guaranty is to be |
| Name: | | | Date | |
| Name:(Name of person | guaranteeing payment, | NO TITLE) | | |
| Home address | | | | |
| Home Phone # | | SS# | | |
| Signature of person guaran | nteeing payment | | | |
| Name of Rusiness whose | account is guaranteed | | | |