

CONTRACTOR /COMMERCIAL APPLICATION FOR CREDIT AND AGREEMENT FOR CREDIT TERMS

ALL ITEMS MUST BE COMPLETED TO BE CONSIDERED.
SIGNATURE ALSO REQUIRED ON REVERSE SIDE.

Chace Building Supply, Inc.

129 Washington Street
FOXBORO, MA 02035
Local Phone (508) 543-7316
TOLL FREE MA 1-800-287-7316
FAX (508) 543-6519

DATE	TAKEN BY	APPROVED BY DATE APPROVED	ASSIGNED SALESMAN	TERMS	LIMIT
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TYPE OF ORGANIZATION

- PROPRIETORSHIP PARTNERSHIP TRUST
 CORPORATION OTHER _____

HOW LONG IN BUSINESS _____

TYPE OF CONTRACTOR

- GENERAL CONTRACTOR FRAMING CONTRACTOR
 DRYWALL CONTRACTOR COMMERCIAL/INDUSTRIAL
 SPEC HOUSE BUILDER REMODELING CONTRACTOR
 SUB-CONTRACTOR (TYPE) _____

CREDIT REQUESTED \$ _____

FINANCING ARRANGED AT _____

EXACT NAME OF FIRM					PHONE
BILLING ADDRESS:	STREET	CITY	STATE	ZIP	HOW LONG
LOCATION IF DIFFERENT:	STREET	CITY	STATE	ZIP	HOW LONG
FORMER ADDRESS: (IF LESS THAN 2 YEARS)	STREET	CITY	STATE	ZIP	CHECK ONE: <input type="checkbox"/> RENT or <input type="checkbox"/> OWN

NAMES AND TITLES OF OWNER(S)/OFFICER(S), INCLUDING HOME ADDRESS(ES), PHONE NUMBER(S), AND SOCIAL SECURITY NUMBER(S).

NAME	TITLE	HOME ADDRESS	PHONE
		CITY STATE ZIP	SOCIAL SECURITY #
CELL #		EMAIL ADDRESS	
NAME	TITLE	HOME ADDRESS	PHONE
		CITY STATE ZIP	SOCIAL SECURITY #
CELL #		EMAIL ADDRESS	
BANK REFERENCE	ADDRESS	CHECKING ACCOUNT #	
BANK REFERENCE	ADDRESS	CONTACT PERSON <input type="checkbox"/> Loan <input type="checkbox"/> Mortgage	

CURRENT SUPPLIER REFERENCES - AT LEAST THREE. PLEASE USE SUPPLIERS YOU HAVE PURCHASED FROM IN THE LAST TWO YEARS.

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

In consideration of our extending credit to the applicant, the undersigned hereby unconditionally guarantees the timely payment to us of all sums, even if in excess of the applied for or established credit limit now due or which may hereafter become due and payable by virtue of our extension of credit to the applicant, including without limiting the generality of the foregoing, legal and other costs of attempts to collect said sums from Customer and the undersigned, and lawful interest on said sum.

I AGREE TO PAY MY ACCOUNT IN FULL **25 DAYS FROM BILLING DATE**. INTEREST WILL BE CHARGED ON 25-DAY DELINQUENT ACCOUNTS AT A RATE OF **1 1/2% PER MONTH, 18% PER ANNUM** WITH A MINIMUM CHARGE OF 50 CENTS.

I/WE UNDERSTAND AND AGREE TO ADHERE TO YOUR CREDIT TERMS. I AM AUTHORIZED TO SIGN THIS CONTRACT AS AN OFFICER OF THE ABOVE-NAMED CORPORATION. I/WE HEREBY AUTHORIZE YOU TO OBTAIN CREDIT INFORMATION FROM ALL NECESSARY SOURCES FOR AN ACCURATE CREDIT INVESTIGATION OF MY/OUR CREDIT HISTORY.

SIGNATURE _____ DATE _____
PRINT NAME _____
SIGNATURE _____ DATE _____
PRINT NAME _____

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GUARANTY

In consideration of your extending credit to the applicant on the reverse side hereof, the undersigned hereby unconditionally guarantees the timely payment to you of all sums, even if in excess of the applied for or established credit limit now due or which may hereafter become due and payable by virtue of your extension of credit to the applicant, including, without limiting the generality of the foregoing, legal and other costs of attempts to collect said sums from Customer and the undersigned, and lawful interest on said sum.

Balance in full is due net 25 days from the date that appears on the statement. Interest rate of 1.5% will be applied to all delinquent balances with a 50¢ minimum finance charge. (18% per annum)

The liability of the undersigned shall be primary, and if more than one person or entity signs this agreement, shall be joint and several, and shall not be affected by any discharge, extension of time, release of security, acceptance of compromise or any other modification of the liability of the Customer, and shall not be dependent upon recourse to any remedies against the Customer, except that the undersigned shall receive credit for any sum received on Customer's account. The undersigned hereby waives any notice of the time and amount of extension of credit to the Customer, as well as right of set-off, redemption and counterclaim which may be alleged to exist in favor of Customer.

This agreement is intended to cover a running account or accounts by the Customer and will remain in full force and effect until 14 days after withdrawn in writing sent by registered mail, return receipt requested and received at the above address. Such withdrawals shall be effective prospectively only, and this agreement shall remain in full force and effect with respect to all sums of money that are due and that become due from Customer upon his default. The incorporation, merger, reorganization or sale of Customer's business shall not operate as a termination of this guaranty. The undersigned hereby agrees to pay any and all of said sums, together with all legal and other cost including attorney's fees of enforcing the agreement contained herein both as against the customer and the undersigned.

This agreement is a contract and shall be interpreted under the laws of the State of Massachusetts and shall be effective immediately. This agreement is binding upon the undersigned, his administrators, executors, heirs and assigns.

DATE

INDIVIDUALLY AS GUARANTOR

DATE

INDIVIDUALLY AS GUARANTOR