

NORHEASTERN

Building Supply & Kitchen Design Center

TERMS OF CREDIT

I/We authorize Northeastern Building Supply & Kitchen Design Center (herein "Northeastern") and its respective credit agencies/department to contact and receive information on my and/or our background, reputation, personal character and credit worthiness of the Applicant(s). I/We understand and permit Northeastern to share credit information obtained from the account opened with Northeastern with other suppliers and/or credit reporting agencies. Northeastern is permitted to conduct periodic credit investigation work to determine the applicants continued credit worthiness after the account is opened.

I/We certify that the information within this applicant is true and correct. Applicant(s) agrees if credit is granted, payment will be made according to the terms and conditions listed within this agreement. Payment of all invoices is net 30 (thirty) days; accounts will be billed monthly. After 30 (thirty) days, any unpaid balance will be considered past due and will be billed a finance charge at the rate of 2% (two percent) per month, 20% per annum or other such rate permitted by the laws of New Jersey in the event an invoice remains unpaid beyond thirty days. Balances which remain unpaid on the third month of billing can at the election of Northeastern result in a suspension of credit until payment is made. Any amendment to these terms must be written in a subsequent agreement signed by Northeastern and said Applicant(s).

The Applicant(s) understands and agrees that in the event of non-payment, Northeastern may be required to retain an Attorney to collect the balance due on said Applicants credit account. In such event, the Applicant(s) will be responsible to pay the collection fees associated with the retention of the Attorney equal to 30% (thirty percent) of the total outstanding balance due, including, but not limited to, all accrued interest and associated costs for filing suit including, court costs, transcript costs, retention of experts and expert reports and witness fees.

I/We understand and agree to be responsible for any purchase(s) made by any and all representatives of the identified company or Applicant(s) listed, unless notified in writing of specific purchasing restrictions. I/We understand that New Jersey construction lien law requires an authorized representative on site for deliveries, which is not always practical or feasible. Therefore, I/We agree to hereby waive the requirement of having an authorized person present when deliveries are made and agree to be responsible for such material. It is further agreed that the Applicant(s) guarantee will continue its liability notwithstanding any changes in organization, corporate setup, or partnership changes unless such modification/change is made by way of a new approved credit application.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

PERSONAL GUARANTEE

The Applicant(s) hereby personally guarantees the payments of all past, present and future obligations owed by the Applicant(s) to Northeastern. This guarantee is binding on the Applicant(s) his/her representatives, executors, estates, administrators, successors, and assignees. In the event this application has more than one Applicant, these parties will be jointly and severally liable for all payments, past, present and future. It is further agreed that the Applicant(s) guarantee will continue its liability notwithstanding any changes in organization, corporate setup, or partnership changes unless such modification/change is made by way of a new approved credit application. The use of a corporate title, if any, as part of any Applicant(s) signature is only to identify the Applicants position in the company and in no way negates the Applicant(s) personal guarantee.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

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CREDIT APPLICATION

LEGAL BUSINESS NAME: _____

PHONE: _____ CELL: _____ FAX: _____

EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ARE THE PREMISES: LEASED OWNED IF LEASED, FROM WHOM: _____

TYPE OF BUSINESS: Corporation LLC Partnership

Sole Proprietor FEIN/SOCIAL SECURITY NUMBER: _____

STATE OF FORMATION: _____ YEARS IN BUSINESS: _____

NAME OF PERSONS AUTHORIZED TO PURCHASE ON ACCOUNT: 1) _____ 2) _____

3) _____ 4) _____ 5) _____

COMPANY OFFICERS/PRINCIPALS/PARTNERS/MEMBERS- ALL MUST BE NAMED

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

BANKING INFORMATION

BANK NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TYPE OF ACCOUNT: _____ ACCOUNT NUMBER: _____

SIGNATURE AUTHORIZING RELEASE OF BANKING INFORMATION: _____

TRADE REFERENCES

NAME OF REFERENCE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

NAME OF REFERENCE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

NAME OF REFERENCE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____