



APPLICATION FOR CREDIT

APPLICANT'S NAME _____ FEDERAL TAX ID #: _____

COMPANY NAME _____ BUILDERS LICENSE # _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE # _____ CELL PHONE # _____ FAX # _____

EMAIL _____ LENGTH OF TIME IN BUSINESS _____

Persons authorized to use this account: 1 _____ 2 _____

TAX EXEMPT No Yes, # _____ (Please supply a tax exempt certificate)

Individual/Sole Proprietor Corporation Partnership Limited Liability Company Other _____

AGREEMENT

Applicant represents to Construction Material Specialists, LLC ("CMS") and agrees as follows:

1. The information on this Application and all attachments are true, accurate and complete in all respects.
2. CMS is authorized to obtain financial information about the Applicant and/or Applicant Company and all Guarantors from the trade, bank or financial references listed, as well as other financial institutions and commercial firms, and consumer reporting agencies as provided for by the Fair Credit Reporting Act.
3. The following terms of sale will apply to the Applicant/ or Applicant Company:
 - All new accounts are shipped C.O.D. until credit is approved by CMS's Credit Department.
 - All returned checks will result in a \$50 charge which must be paid immediately. CMS shall have the right to demand payment of the returned check in cash or certified funds within 24 hours.
 - All prices quoted by CMS are CASH PRICES. Any payments received by credit card will incur a 3% convenience fee.
 - If after Applicant's credit is approved by CMS, and CMS is not paid in full on or before the 10th day of the month following the month in which the goods sold to the Applicant are received by Applicant, the Applicant shall pay interest of 1.5% per month (18% APR) on the balance of all past due amounts.
4. Applicant shall pay all reasonable collection fees, attorneys' fees and court costs incurred by CMS in the collection or attempted collection of any indebtedness Applicant owes CMS. Applicant irrevocably agrees and consents that any action against Applicant for collection of any such indebtedness shall be brought in Kent County, Michigan. Applicant agrees that the mailing of any process by registered mail to Applicant's last known address shall constitute lawful and valid service of process.
5. Applicant grants CMS a continuing security interest in all goods sold by CMS to the Applicant, to secure payment and performance of all obligations and indebtedness of Applicant now or in the future owing to CMS. Applicant authorizes CMS to file a financing statement perfecting that security interest.

Signature _____ Title _____

Printed Name _____ Date _____

5780 Crossroads Commerce Pkwy SW • Wyoming, MI 49519
Phone 616-855-2558 • Fax 616-827-9429 • www.cmsMaterialSolutions.com



BANK INFORMATION

Bank Name _____ Branch _____
 Officer/ Manager to Contact _____ Phone # _____
 Loan Acct# _____ Checking Acct# _____ Savings Acct# _____

Bank Name _____ Branch _____
 Officer/ Manager to Contact _____ Phone # _____
 Loan Acct# _____ Checking Acct# _____ Savings Acct# _____

TRADE REFERENCES/SUPPLIERS

NAME	CITY/ST/ZIP	PHONE	CONTACT PERSON	ACCT #
1.				
2.				
3.				

CREDIT LIMIT APPLIED FOR:

\$1,000-5,000 \$5,000-10,000 Other _____ Reason for Account _____

Applicant's registered legal name: (Please print) _____

All other names under which Applicant has operated: _____

Federal Tax ID# _____ Builder's License# _____ State of _____

OFFICE USE ONLY

Credit Limit Requested _____ Salesperson Involved _____

Identify one of the following: Residential Contractor Commercial Contractor General Account Other

Terms _____ Notice of Commencement Proof of Funding Notice of Furnishing

Preliminary Approval Disapproval By _____ Date _____



GUARANTOR INFORMATION

-A personal guarantee enhances credit worthiness and should allow a higher credit limit

Guarantor _____ Title _____

Home Address _____ City/State _____ Zip _____

Years at this address _____ Own Rent Principle Source of Income _____

DOB _____ Social Security# _____ Driver's License# _____

Guarantor _____ Title _____

Home Address _____ City/State _____ Zip _____

Years at this address _____ Own Rent Principle Source of Income _____

DOB _____ Social Security# _____ Driver's License# _____

INDIVIDUAL PERSONAL GUARANTY

In consideration of, and as an inducement for CMS to extend credit to Applicant, the undersigned ("Guarantor") absolutely and unconditionally guarantees to CMS the prompt and full payment when due of Applicant's account and all existing and future indebtedness and liabilities of every nature and kind of Applicant to CMS, regardless of whether applicant, CMS or Guarantor now intend or contemplate the indebtedness or obligation, or whether the indebtedness or obligation is indirect or contingent (the "Indebtedness"). This Guaranty will not be impaired or affected by any act or omission of CMS or by any agreement relating to the Indebtedness between CMS and any person or entity, and Guarantor expressly waives all notices and demand for payment. Guarantor expressly acknowledges and agrees that CMS may seek payment directly from any Guarantor without proceeding first against Applicant. Guarantor waives all defenses and discharges of Applicant, except the defense of discharge by payment and irrevocably agrees and consents that any action to enforce this Guaranty may be brought in any state or federal court that is located in, or whose district includes, Kent County, Michigan, and that any such court shall have personal jurisdiction over Guarantor. Guarantor agrees that the mailing of any process by registered mail to Guarantor's last known address shall constitute lawful and valid service of process. Guarantor shall pay all reasonable collection fees, attorneys' fees and court costs incurred in the collection or attempted collection of the Indebtedness or enforcement of this Guaranty. Guarantor's liability under this guaranty is joint and several. The term "Guarantor" means each, all and any of the undersigned.

(DO NOT INCLUDE APPLICANT'S CORP./COMPANY NAME WITH SIGNATURE)

Guarantor Signature _____ Date _____

Print Name _____

Guarantor Signature _____ Date _____

Print Name _____