KINGSTON LUMBER SUPPLY COMPANY

P.O. Box 169 Kingston, Washington, 98346 (360) 297-3600 or (206) 842-0104 Administration FAX: (360) 297-8391

CONTRACTOR OR COMMERCIAL APPLICATION FOR CREDIT

PLEASE COMPLETE AND SIGN THIS APPLICATION. THE INFORMATION YOU PROVIDE WILL GREATLY FACILITATE A DECISION REGARDING YOUR REQUEST FOR A CREDIT ACCOUNT.

Full Legal Name of Business:		
Type of Company: ☐ Sole P	roprietorship 🗆 Partnership 🗆	Limited Liability Company Corporation
Federal Tax ID#	UBI#_	Years in Business
Street Address :		
City	State	Zip Code
Home Telephone	Business Telephone	Zip Code Fax
Mailing Address		
Previous Business/Mailing Ad	dress if at above less than one yo	ear
Previous Business or Trade N	ames(s) used	
When Used and Where		
	Addresses (All partners in a bustion. Please use additional paper	iness, members of LLC, officers, directors if necessary.)
Name and Address	Title	Social Security Number
Name and Address	Title	Social Security Number
Name and Address	Title	Social Security Number
Name and Address	Title	Social Security Number
State Sales Tax No:	Will we bill you sa	ales tax?
	opy of your Washington State R	
Are you currently a licensed,	registered and bonded contracto	or?
Contractor's Registration and	l License No.	TIssue
State of	Date of	Issue
Your Bonding Company		
Name and Address of Bondin	g Agent	
Amount of Bond \$	Date of	f Issue
Own your own home?	Rent?	f IssueHow Long?
		h, account number, and loan amount)
Major Obligations (amount and How will materials be paid for		k Loan

Please provide 5 local trade or business references and fax numbers:

Name	Complete Address - Telephone - Fax					
Name	Complete Address - Telephone - Fax					
Name	Complete Address - Telephone - Fax					
Name	Complete Address - Telephone - Fax					
Name	Complete Address – Telephone – Fax					
Are there any claims against your Bond?	$\square_{\mathrm{Yes}} \ \square_{\mathrm{No}}$					
Are you or your company involved in a lawsuit? Yes No						
If yes, what is the Court and Case Number	er?					
Have you or your company ever been in bankruptcy? ☐ Yes ☐ No						
If yes, what year & circumstances?						
Type of Business you operate ☐ Spec Bu	ilder □ Custom Builder □ Remodel Builder □ Consultant					
☐ General Business ☐ Other:						
Maximum amount of credit anticipated p	per month \$					
	e □ Remodeling □ New Construction					
□ Commercial Cons	8					

TERMS OF THIS ACCOUNT

- 1) All sales will be C.O.D. until credit application is approved. The undersigned applicant hereby agrees that purchases (labor/materials/rentals) are payable on this account in full on or before the 10th day of each month following the date/month of purchases. Accounts may be paid by check or cash. Bankcard and debit cards are not an acceptable form of payment. Applicant agrees to pay for invoices when due, or the account shall accrue interest as set forth below. Applicant agrees that materials returned and claims must be accompanied by the original invoice and submitted within thirty (30) days of purchase. There will be a minimum of a ten percent (10%) restocking charge on all returned lumber yard items. There will be no returns, refunds, or credits for special order items. If this account is not paid in full on the 10th day of each month for all charges made during the prior month, applicant agrees that KINGSTON LUMBER SUPPLY COMPANY (hereinafter referred to as "KLS") may at its sole discretion and without prior notice to applicant:
 - a) Charge interest at the rate of 1.5% per month and maximum service charges as permitted by law, based on the principal amount of all charges, made subject to a minimum service charge of \$1.00;
 - b) Require all further transactions be on a cash basis, until the account is brought current; or
 - c) Terminate any unfulfilled orders or discontinue any deliveries until all accounts are brought current;
 - d) Declare this account to be in default.
- 2) The undersigned applicant agrees to complete a "Job/Project Description Form" when beginning charges to this account for each single structure or building, to keep KLS fully informed of any and all changes reported on each Job/Project Description Form, and to immediately inform KLS if applicant loses its current contractor registration status.
- 3) In the event this account is declared to be in default by KLS as defined herein, and collection and or legal action is taken by KLS, the undersigned applicant agrees to pay to KLS all attorneys fees and costs whether or not a lawsuit is filed, collection fees, and interest and service charges incurred by

KLS on this account. Applicant agrees that venue of any court action by KLS on this account shall be in Kitsap County, Washington, regardless of applicant's residence or place of business.

- 4) The undersigned applicant agrees that invoices and monthly statements are conclusive and accurate in all respects unless undersigned applicant notifies KLS within ten (10) days of receipt of invoices or statement. Any defects in materials, workmanship, equipment or delivery shall be reported in writing to KLS within seven (7) days of receipt of same or all warranty claims are waived. Customer agrees to accept creditor's employee signature (delivery driver) as proof of delivery and acceptance of materials if no customer representative is available on site. Customer agrees to indemnify, defend and hold KLS harmless from any claim arising out of or related to materials or equipment purchased pursuant to this Agreement.
- 5) KLS may apply payments at its' sole discretion unless applicant clearly indicates how payments are to be applied. Generally, payments will be applied to the first or earliest charges incurred.
- 6) If there is any change in applicants' business structure, applicant agrees to give prior written notification to KLS and may have to reapply with KLS. If said change is from sole proprietorship to a corporation or limited liability company, applicant agrees that if KLS is not notified, all terms and guarantees of this agreement shall apply. Applicant cannot transfer or assign this account relationship without creditor's prior written consent.
- 7) The following persons are authorized to purchase, sign for, and receive materials for my account, and applicant shall immediately inform KLS in writing of any changes: (Please see attached "CHARGE ACCOUNT VERIFICATION" sheet).
- 8) The undersigned applicant agrees that KLS reserves the right to change the terms of this account at any time, without prior notice to the undersigned.
- 9) Applicant acknowledges these terms, and that applicant has read, understands and fully agrees to the terms of this account, as the account terms are stated herein as well as any terms and conditions stated on the invoices. Faxed copies of all signatures on this application shall be considered as originals.
- 10) We reserve the right to check Customer's credit history, directly and through credit reporting agencies, and to report to others our credit experience with any Customer.

Date:	
	Printed Name
	Title
	Signature of Owner or Officer (if Corporation)

PERSONAL GUARANTEE TWO SIGNATURES REQUIRED IF APPLICANT IS A CORPORATION OR LLC

1 0	nt and extending all future credit to the company named t, the undersigned, and if more than one, each of them jointly
this account, by the company named herein thereof, subject to the provisions of the next	Il payment to KLS, for any and all future charges made on in, in any one of the following occurrences, or combination paragraph: (a) the company defaults on this account at any is insolvent or a petition in bankruptcy is filed.
consent to any extension or alteration of any prior notice. This shall be an open, unlimit has notified KLS in writing of its cancellation fees, costs and expenses incurred in the enfoundersigned agree to promptly notify KLS demand, protest, notice of non-payment, darising from extension of time, or any other charges made on this account. The signature	ns of this account, as the account terms are stated herein and obligation and guarantee requested by the company without ed and continuing guarantee in effect until the undersigned on. The undersigned agree to pay all reasonable attorney's orcement of this guarantee, whether or not suit is filed. The of any change in our address, and we waive presentment, ischarge of the corporation, and any release or discharge cause, other than actual payment in full of any and all future are of guarantor is personal to the signer, any indication of formational only and shall not affect the personal nature of the processed.
By signing here you are agreeing to be held p	personally liable for payment of charges incurred.
I personally guarantee payment of this accoun	t as set forth above on behalf of my marital community.
Date	Date
Printed Name	Printed Name
Signature	Signature
Address	Address
City, State, Zip	City, State, Zip
Social Security No.	Social Security No.
Washington Driver's License Number	Washington Driver's License Number



Charge Account Verification

Many of our charge account customers have made arrangements with us to allow family members, friends or co-workers to charge materials or services on their accounts. This arrangement is a real convenience for those customers.

Here is how it works. You supply us with a list of people authorized to charge on your account. We enter those names into our computer. When we get a request to charge to your account, our salesperson selects the name of the person requesting to charge from the list of "authorized" names on the computer. The name of that person prints on the invoice next to the signature line giving you a record of who charged to your account. If the person is not on your list of authorized signers, we won't allow him or her to charge on your account.

If you have people who, from time to time, charge materials or services on your account, please list their names below. We can then be sure that only people you want charging on your account are able to do so. If you have any questions, please call our Accounting Department.

inting Department.						
(Please chec	se check one) The following are the only people authorized to charge on my account:					
1)	9)					
2)	10)					
3)	11)					
4)	12)					
5)	13)					
6)	14)					
7)	15)					
8)	16)					
<u>I</u>	•					
(If yo	u have additional names of people authorized to charge on your account, please submit them on a second page.)					
() 0	FL					

Home Phone:

Cell Phone:

Work Phone:____

Pager Number:

Fax Number:

G\Shared\Forms\KLS\CreditAcc\CreditAppBus|Rev: 9.27.01

Account Number:

Account Name:

Print Name:

Signature:



P.O. Box 169 Kingston, WA 98346 (360) 297-3600 (206) 842-0104

Contractor Sales Fax: (360) 297-4854 Administrative Fax: (360) 297-8391

JOB/PROJECT DESCRIPTION FORM

As a contractor, you are asked to complete this form for *each building* or *house* upon which materials will be charged to this account.

Account #:	Job #:		Salesperson
Street Address of Structure:	Street:		
	City:	State:	Zip:
For each structure or lot, plea	ase furnish:		
CROSS STREET			
PURCHASE ORDER	LOT#	PLAN #	GATE CODE
Legal Property Owner's Nar	ne:		
Owner's Current Mailing Ac	ldress:		
			Zip:
Who Orders Materials (Contr	actor's Business Name):		
Contractor's Address:			
How will owner pay you for From a bank loan Private loan to ow If owner has a bank or private Name, Address and Branch of	vner te loan, please furnish:		
Bank Loan Officer:	Telephone:		
Amount of Loan:	Maximum Esti	imate of loan to be charged	1 this account:
First Deliver Date: Materials Delivered:			
Triaterials Bellytrea.		Office Use Only	
		•	
License Current in MC L & I Check:		No Date LicensNo Checked by	

☐ Yes ☐ No

INET

Fax

E-mail

MCR Screen #5 Updated: