OFFICE USE ONLY

Account Name:	
Account Number	



APPLICATION FOR BUSINESS CREDIT and NON-CONSUMER CREDIT AGREEMENT with

BENSON'S LUMBER AND HARWARE, INC P.O. Box 444 Derry, New Hampshire 03038-0444 (603) 432-2531 800-479-5439 www.bensonslumber.com BENSON'S LUMBER AND HARWARE, INC P.O. Box 1110 Londonderry, New Hampshire 03053-1110 (603) 432-9863 800-479-5439 www.bensonslumber.com

(Hereinafter individually and collectively referred to as "Benson's")

The undersigned hereby applies to Benson's for the establishment of a business credit account on the terms and conditions provided for herein, and represents and warrants the following credit information to be true, accurate and complete.

Section 1: Corporations & Limited Lia	bility Corporations
Name of Corporation:	
Business Address:	
	Fax Number:
State of Incorporation:	Fed. I.D. No:
Registered Agent:	
List names, addresses and phone numbers o	of each officer of the corporation, including their specific titles.
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Title:	
Name:	Name:
Address:	
Phone:	 Phone:
Email:	Email:

Section 2: General Information

List all trade names used by your business:		
The principal checking account of the business is: Bank:		
Office Location:		
Contact Person:		
The principal lender to the business is: Lender:		
Address:		
Total Loans: \$		
Please provide the information requested for three (3) major business references:	
Business Name:		
Contact (name and title):		
Address:		
Phone:		
Business Name:		
Contact (name and title):		
Address:		
Phone:	Fax:	
Business Name:		
Contact (name and title):		
Address:		
Dhono:	Fov:	

Section 3: Terms and Agreement

The information provided in this application to Benson's is for the purpose of obtaining business credit, and the undersigned certifies that this information is complete and accurate as of this date. The undersigned agrees to promptly notify Benson's of any changes in the information provided.

The undersigned agrees that the payment terms are as follows:

Payments on account are due fully net 10th prox., and as may otherwise be established from time to time by Benson's. Delinquent accounts are subject to continuing late charges at the prevailing rate sent by Benson's which, until changed in writing by Benson's is one and one-half percent (1½%) per month each month until paid in full. Any customer checks, which do not clear the bank, are subject to a \$25.00 service charge plus bank service charges plus repayment of any cash or prepayment discounts given. The undersigned agrees to pay all costs of collection, including attorney's fees, should legal action be required to enforce this agreement.

Date.	Арріїсапі	SIGNATURE	
WITNESS		PRINTED NAME	
Section 4: Persona This section must be completed	al Guarantees by the principals of all corporate applican	ts.	
following officers and/or partr account. It is understood that incurred by the Applicant. The	corporation, and as the inducement for ners and/or owners of Applicant hereb t this Guaranty shall be a continuing a re undersigned hereby waive notice of and consent to any modifications, exte	y agree to personally and uncor nd irrevocable guaranty and ind default, demand for payment ar	nditionally guarantee this emnity for any indebtedness nd all other notices and
SIGNED this	day of		, 20
WITNESS:		GUARANTORS:	
		Individually	
		Individually	
		Individually	
OFFICE USE ONLY			
Approved Line of Credit:		Selling Price:	
Terms Code:		Account Code:	
Salesperson:			
Comments/Conditions:			
Approved By:		Date of Approval:	

Benson's Lumber and Hardware Stores
P.O. Box 444 • Martin Street • Derry, NH 03038 • (603) 432-2531
Orchard View Drive • Londonderry, NH 03053 • (603) 432-9863

To Whom This	s May Concern:		
I,		DBA	
	Applicant Name		Business Name
Authorize Ben	nson's Lumber and Hardwa	re, Inc. access to any and all	credit information that pertains to my account with
	Bank Name	·	
Date:			
Witnessed:			



		Account Name:
		Account #
CHARGE A	AUTHORIZAT	ION NAMES ON ACCOUNT
	e responsible	nt at Benson's Lumber and Hardware, Derry and Londonderry. In e for all charges to my account. If no list is provided only the charge this account.
Name of person providing list		, Date
Account updated by		, Date

Fax (603) 432-2018

_, Date ____



Customer Name:	
Fax Number:	
E-Mail Address : Contact:	
Please check off how you would like to receive your Invoices & Statemen	nts.
[] –Please send a copy of all invoices & credits via E-mail.	
[] –Please send a copy of all invoices & credits via fax.	
[] –Please send my monthly statement via E-mail. *Note: If we send via e-mail the invoices are not attached, you wi your statement.	ll just receive
[] –Please send my monthly statement via Fax. *Note: invoices will follow your statement if we send via fax.	
Customer Signature: Date:	