

145 Hickory Springs Ind. Dr., Canton, GA 30115 Phone: 770-345-1053 Fax: 770-345-1824

www.doorstiles.com

Application is hereby made for the extension of credit. ALL pages must be completed.

Name of Business:							
Street:							
City:	State:		Zip:				
Phone:	Fax:						
Alternative Phone #'s:							
Purchasing Agent:							
Email Address:							
How did you hear about us? Friend Sales Rep or Website:							
If friend or sales rep, whom should we thank for referring you?							
Do you have dock high loading? Y or N Do you have a forklift to remove crates? Y or			rklift to remove crates? Y or N				
Receiving Hours:							
Ship to Location:	Is this location a residence? Y or N						
City:	State:		Zip:				
Bill to Address:							
City:	State:		Zip:				
Date Business Started:	Date Business Started: Number of Years in Business:						
Owner's Name(s):							
Accounts Payable Contact Name:							
Accounts Payable Contact Email:							
Phone:	Fax:						
Bank Information:							
Account Number:							
Bank Name:							
Address:							
City:	State:		Zip:				
Bank Contact:		Title:					
Phone:		Fax:					



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Trade References

A minimum of 3 references are requested and at least 2 references must be from lumber or forest products.

Vendor Name:		Account #:		
Address:		,		
City:	State:		Zip:	
Phone:		Fax:		
Vendor Name:		Account #:		
Address:				
City:	State:		Zip:	
Phone:		Fax:		
Vendor Name:		Account #:		
Address:				
City:	State:		Zip:	
Phone:	-	Fax:		
		1		
Vendor Name:		Account #:		
Address:				
City:	State:		Zip:	
Phone:	-	Fax:		
		1		
Vendor Name:		Account #:		
Address:				
City:	State:		Zip:	
Phone:	1	Fax:	-	



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I/we certify that the information provided in this application is correct and accurate to the best of my/our knowledge.

The undersigned:

- Agrees to the terms of payment established by Creative Door Stiles, LLC and understands that payments are according to terms 1% 10 days, net 30 days, and pays timely in accordance with these terms.
- Agrees to pay monthly service charges equal to 1.5% on all balances over 30 days. If payment is not timely made, and in the event of litigation, the undersigned agrees that exclusive jurisdiction and venue shall be in Cherokee County, Georgia.
- Agrees to pay for all collection proceedings, arbitration, or legal action to collect any portion of account at any time.
- Releases and agrees to hold Creative Door Stiles, LLC harmless for any claims for consequential damages including, but not limited to, damage to persons or property for any reason and agree that liability of Creative Door Stiles, LLC is limited to replacement of defective material.
- Authorizes any bank references listed above to release all information necessary to assist Creative Door Stiles, LLC in establishing the applicant for open account credit.
- Represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Business Name:	City:		State:			
Signature:						
Printed Name:		Date:				
Signature:						
Printed Name:		Date:				
Signature:						
Printed Name:	·	Date:				



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Personal Guarantee (SIGNATURE IS REQUIRED)

For value received, the undersigned does guarantee payment of all amounts advanced to the applicant. If the applicant defaults in its payment of any such indebtedness, the undersigned shall also pay all reasonable costs of collection, including a reasonable attorney's fee and court costs. This is a continuing guarantee and shall remain in full force until the undersigned delivers written notice revoking it as an indebtedness incurred subsequent to such delivery.

Signed:				Date:		
Printed Name:						
Home Address:						
City:	State:		Zip:			
Phone Number:		Other Number:				