

# COMMERCIAL CREDIT APPLICATION

*Instructions: The following information is submitted as a request to obtain an extension of credit. The applicant must complete this application in its entirety. An incomplete application will not void the Contract to Purchase Form that the applicant must sign and any guarantor(s) may sign.*

**Hamar Quandt Co.  
D/B/A 41 Lumber  
P.O. Box 338  
Quinnesec, MI 49976**

## INFORMATION ABOUT THE BUSINESS (PLEASE PRINT)

SP      PL      MI      CL

### TELL US ABOUT COMPANY

YOUR COMPANY NAME (Full Legal Name)				CREDIT LIMIT REQUESTED \$ _____	
TYPE OF BUSINESS (Check A Box) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL OWNERSHIP      STATE INCORPORATED IN: _____					
YOUR BILLING ADDRESS		NUMBER & STREET		CITY	
		STATE		ZIP CODE	
BUSINESS PHONE NUMBER (Include Area Code)		FAX:		TYPE OF BUSINESS	
CELL PHONE:		E-MAIL ADDRESS:		HOW LONG IN BUSINESS?	
BUSINESS IDENTIFICATION NUMBER(S)		FEDERAL EMPLOYER I.D. NUMBER		BUILDER'S LICENSE NUMBER	
				SALES TAX EXEMPTION NUMBER	
HAS YOUR COMPANY PURCHASED FROM US BEFORE? <div style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div>					
IF YES, HOW MUCH DID YOUR COMPANY SPEND IN THE LAST MONTH? \$ _____			IF YES, WHO IS YOUR SALESPERSON? _____		

### TELL US ABOUT YOUR COMPANY'S PARTNERS OWNERS AND OFFICERS

1. NAME		TITLE		SOCIAL SECURITY NUMBER	
HOME ADDRESS		NUMBER & STREET		CITY	
		STATE		ZIP CODE	
2. NAME		TITLE		SOCIAL SECURITY NUMBER	
HOME ADDRESS		NUMBER & STREET		CITY	
		STATE		ZIP CODE	
3. NAME		TITLE		SOCIAL SECURITY NUMBER	
HOME ADDRESS		NUMBER & STREET		CITY	
		STATE		ZIP CODE	
4. NAME		TITLE		SOCIAL SECURITY NUMBER	
HOME ADDRESS		NUMBER & STREET		CITY	
		STATE		ZIP CODE	

(Information about company continues on page two)

# TELL US ABOUT YOUR COMPANY'S FINANCIAL OBLIGATIONS AND BANKING REFERENCES

**INSTRUCTIONS: MY (OUR) COMPANY OWES THE FOLLOWING OBLIGATIONS AND NO OTHERS, (IF NONE, STATE "NONE"). LIST BELOW ALL DEBTS TO BANKS, CREDIT UNIONS, FINANCE COMPANIES, STORES, AND ALL OTHERS. USE AN ADDITIONAL SHEET IF NECESSARY. WHEN FILLING OUT TYPE OF LOAN INFORMATION, UTILIZE THE FOLLOWING ABBREVIATIONS:      MORTGAGE - ML      AUTO - AL      CREDIT CARD - CC      INSTALLMENT - IL      COMMERCIAL - CL**

<b>1. NAME OF CREDITOR</b>	<b>CITY/STATE</b>	<b>TYPE OF LOAN</b>
<b>PHONE NUMBER</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE OWING</b>
<b>2. NAME OF CREDITOR</b>	<b>CITY/STATE</b>	<b>TYPE OF LOAN</b>
<b>PHONE NUMBER</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE OWING</b>
<b>3. NAME OF CREDITOR</b>	<b>CITY/STATE</b>	<b>TYPE OF LOAN</b>
<b>PHONE NUMBER</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE OWING</b>
<b>4. NAME OF CREDITOR</b>	<b>CITY/STATE</b>	<b>TYPE OF LOAN</b>
<b>PHONE NUMBER</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE OWING</b>
<b>5. NAME OF CREDITOR</b>	<b>CITY/STATE</b>	<b>TYPE OF LOAN</b>
<b>PHONE NUMBER</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE OWING</b>
<b>6. NAME OF CREDITOR</b>	<b>CITY/STATE</b>	<b>TYPE OF LOAN</b>
<b>PHONE NUMBER</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE OWING</b>
<b>7. NAME OF CREDITOR</b>	<b>CITY/STATE</b>	<b>TYPE OF LOAN</b>
<b>PHONE NUMBER</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE OWING</b>
<b>8. NAME OF CREDITOR</b>	<b>CITY/STATE</b>	<b>TYPE OF LOAN</b>
<b>PHONE NUMBER</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE OWING</b>

<b>BUSINESS CHECKING ACCOUNT NUMBER</b>	<b>INSTITUTION AND BRANCH (Include City and State)</b>
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<b>BUSINESS SAVINGS ACCOUNT NUMBER</b>	<b>INSTITUTION AND BRANCH (Include City and State)</b>
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<b>ARE YOU OR YOUR COMPANY A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT?</b>	<b>IF YES, FOR WHOM?</b>	<b>BALANCE OWING</b>	<b>MONTHLY PAYMENT</b>
<b>ARE THERE ANY UNSATISFIED JUDGEMENT AGAINST YOU OR YOUR COMPANY?</b>	<b>IF YES, TO WHOM?</b>	<b>BALANCE OWING</b>	<b>MONTHLY PAYMENT</b>

**HAVE YOU OR A COMPANY IN WHICH YOU HAVE BEEN A PRINCIPAL FILED FOR BANKRUPTCY IN THE LAST TEN YEARS?**      *Check One!*  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

## CONTRACT TO PURCHASE

\_\_\_\_\_, "Buyer," agrees to purchase from  
Hamar Quandt Co., d/b/a 41 Lumber, "Seller," products sold by Seller on open account. Buyer agrees to the following terms:

1. **TERMS OF PAYMENT:** Buyer agrees to pay in full all charges by the tenth (10) day of the month following purchase. On all amounts more than five (5) days past due, Seller shall be entitled to levy a service charge of 2.0% per month or the maximum service charge allowed to be assessed under the laws of the State of Michigan, whichever is lesser, on all past due amounts. Buyer acknowledges that the service charge represents a time-price differential which constitutes part of the purchase price.
2. Buyer represents that it is purchasing product from Seller on open account for business and/or commercial purposes.
3. If Buyer is a partnership, corporation, or other legal entity, by execution of this Contract, the undersigned representative of Buyer personally guarantees payment by Buyer to Seller. If a spouse or any other person, other than the Seller, signs this Contract as Guarantor, they also personally guarantee payment of all amounts owed by Buyer to Seller. Seller is not required to attempt to first collect from Buyer or repossess.
4. Buyer and any other guarantor agree to pay Seller all amounts due and costs and expenses, including actual attorney fees, incurred by Seller in collecting amounts due under this Contract to Purchase or subsequent to a judgment along with all service charges which accrue at the rate stated in the TERMS OF PAYMENT until the account is paid in full.
5. Seller retains a first security interest in all goods and products sold to secure payment of the purchase price. Seller will have all rights to repossess the goods under Michigan law if payment is not made when due.
6. **OTHER PROVISIONS:** 1) A Notice of Commencement must be furnished upon request of the Seller. Lien Waivers will be furnished only upon complete and full payment of accounts. 2) Failure to pay by the due date voids all quotations and price agreements between the Seller and the Buyer. 3) All credit terms are subject to change without notice as may be printed on the back of Hamar Quandt Co. invoices. 4) A Hamar Quandt Co. account will have a maximum credit limit established. Hamar Quandt Co. may from time to time allow balances to exceed the maximum limit. An allowance to exceed does not change the maximum credit limit established for the account nor require Hamar Quandt Co. to allow future balances to exceed the limit. This maximum limit may be changed at any time by Hamar Quandt Co.

**DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT, OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT.** To the best of my knowledge, everything that I (we) have stated in this application is correct. I (We) understand that you will retain this application whether or not it is approved. I (We) further authorize you to check my credit and employment history and answer questions about your credit experience with me. BY SIGNING THIS APPLICATION, I (WE) AGREE TO ABIDE BY THE TERMS OF THE CONTRACT TO PURCHASE AND ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT.

**Buyer:**                      **NAME OF COMPANY:** \_\_\_\_\_

**PRINT YOUR NAME:** \_\_\_\_\_

**REPRESENTATIVE:** \_\_\_\_\_  
(Signature)

**TITLE:** \_\_\_\_\_                      **DATE:** \_\_\_\_\_

**Guarantors for Buyer:**    **PRINT NAMES:** 1) \_\_\_\_\_                      2) \_\_\_\_\_

**SIGNATURES:** 1) \_\_\_\_\_                      2) \_\_\_\_\_

**ADDRESS:**    1) \_\_\_\_\_                      2) \_\_\_\_\_

**CITY/ST/ZIP:** 1) \_\_\_\_\_                      2) \_\_\_\_\_

**TELEPHONE:** 1) \_\_\_\_\_                      2) \_\_\_\_\_

**SS NUMBER:** 1) \_\_\_\_\_                      2) \_\_\_\_\_

**DATE**            1) \_\_\_\_\_                      2) \_\_\_\_\_