



APPLICATION FOR RETAIL CREDIT

Company Name: _____ Date: _____

Street Address: (No P.O. Box) _____ Phone: _____

City, State & Zip _____ Fax: _____

Credit Line Desired: \$ _____ (Must be filled in)

Anticipated Monthly Volume: _____ \$ PO Required?: Yes

Federal I.D. # (if none, then signors Social Security Number): _____

Principle Officer (name/title): _____

Email Address: _____

Type of Business: _____ Year Business Established: _____

Legal Structure: Sole Proprietorship Partnership Corporation LLC

Dun & Bradstreet Number: _____

BILLING INFORMATION (if different from above)

Street Address: (No P.O. Box) _____ Phone: _____

City, State & Zip _____ Fax: _____

A/P Contact Name: _____ Email Address: _____

Have you or any affiliates ever had credit with us before? (if so, Name used): _____

BANKING REFERENCES:

Bank #1 Name: _____ Acct. #: _____

City, State, Zip Code: _____ Phone: _____

Email: _____ Fax: _____

Bank #2 Name: _____ Acct. #: _____

City, State, Zip Code: _____ Phone: _____

Email: _____ Fax: _____



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TRADE / CREDIT REFERENCES:

CREDIT REFERENCE #1: (> 2 or more years)

Company: _____ Acct. #: _____
 City, State, Zip Code: _____ Phone: _____
 Email Address: _____ Fax: _____

CREDIT REFERENCE #2: (> 2 or more years)

Company: _____ Acct. #: _____
 City, State, Zip Code: _____ Phone: _____
 Email Address: _____ Fax: _____

CREDIT REFERENCE #3: (> 2 or more years)

Company: _____ Acct. #: _____
 City, State, Zip Code: _____ Phone: _____
 Email Address: _____ Fax: _____

CREDIT REFERENCE #4: (> 2 or more years)

Company: _____ Acct. #: _____
 City, State, Zip Code: _____ Phone: _____
 Email Address: _____ Fax: _____

****The undersigned hereby authorizes the Hubbard Group, and any of its subsidiaries, to make any investigation of (my/our) banking financial history and credit records through any credit agencies or bureaus of its choice.**

Signature of Officer/Owner: _____

*NO FACSIMILE SIGNATURES
ARE PERMITTED*

Name

Title

PLEASE NOTE:

Waiting period to open an account depends on how quickly our creditors respond to our Inquiries.

Plant personnel require 24 hours notice of orders.

We require a purchase order number or job information when picking up material. When Notice of Subcontractor (NOS) information is requested it must be faxed or emailed to our plant before product can be picked up. Failure to submit all NOS information required will result in immediate suspension of the account.



APPLICATION FOR RETAIL CREDIT con't

In signing this application, I/WE do so with the understanding that ANY AND ALL CHARGES ARE DUE AND PAYABLE NET-30 FROM DATE OF INVOICE REGARDLESS OF WHETHER YOU ARE WAITING TO BE PAID BY A THIRD PARTY. INTEREST WILL BE CHARGED ON PAST DUE ACCOUNTS AT THE HIGHEST LEGAL LIMIT ALLOWED BY LAW. Any accounts with invoices that are approaching 60 days old may be placed on "No Sale" status until the invoices have been paid. Cash sales may not permitted during this time. When payment for invoices on "No Sale" is received, it will be 48 hours before the account will be released. Legal action, including the filing of liens may be taken on all accounts 60-90 days or older. If it becomes necessary to initiate collection proceedings, I/WE understand that I/WE are/am liable for all court costs and attorney's fees. If business is a corporation, the undersigned agrees to be personally responsible for any purchase(s) made by the corporation pursuant to this application. The Hubbard Group, and its subsidiaries, DOES NOT ALLOW RETAINAGE DEDUCTIONS FROM MATERIAL INVOICES. INVOICES ARE TO BE PAID IN FULL.

Corporate Guarantee

On behalf of the referenced Company, I understand and agree that the information furnished on this application is for the purpose of obtaining credit from the company. I represent and warrant to the best of my knowledge that all information furnished herein, and all other furnished to you, is and will be true, accurate and complete. Should the Company account not be paid within the terms fixed by relevant invoice(s), interest will be charged at the maximum legal rate then in effect from the relevant due date(s). Any discounts granted to this Company are only valid if payment is made in accordance with the terms of the relevant invoice(s). In the event the Company account is placed in the hands of an attorney for collection, the Company agrees to pay reasonable attorney's fees and other costs of collection.

Company: _____

By: _____

Printed: _____

Title: _____

Personal Guarantee

In consideration of an inducement for credit being extended to the above named firm, the undersigned personally guarantees all indebtedness incurred hereunder by the above named company. This guarantee is an absolute, completed and continuing one and no notice of the indebtedness or extension of credit already extended to the Company need be given to the Guarantor. The Guarantor hereby waives presentation, demand, protest and notice of protest and dishonor in any and all forms. Guarantor waives any right to require you to (a) proceed against the Company; (b) proceed against to exhaust any security held from the Company; or (c) pursue any other remedy in your power whatsoever.

Guarantor shall remain liable hereon regardless of whether the Company or any other Guarantor is found not liable thereon for any reason. Guarantor will pay The Hubbard Group, or their subsidiaries, the amount due by the Company within five (5) days from notice from your company of the Company's failure to pay any indebtedness when due. This guarantee is and shall be in every particular available to the successors and assigns of your company and it shall be fully binding upon the heirs and legal representatives of Guarantor.

Guarantor:

Signature: _____

Signature: _____

Print: _____

Print: _____



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Date: _____ Company Name: _____

Authorized Signature - NO FACSIMILE SIGNATURE

Print Name & Title Here

THE ABOVE SIGNATURE CANNOT BE A FACSIMILE STAMPED SIGNATURE. SIGNATURE MUST BE NOTARIZED OR AN ACCOUNT WILL NOT BE GRANTED.

State of _____

County of _____

Sworn to and subscribed before this _____ day of _____, _____.

_____ Personally Known

_____ Produced Identification Type of Identification Produced: _____

My Commission Expires: _____

NOTARY SIGNATURE

BCI Use Only

Date Received: _____

Division Manager Approval / Date: _____

Limits in System: _____