

CREDIT APPLICATION

Representative: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Contractor License #: _____ Expiration Date: _____

Bonding Company: _____ Amount: _____

Type Of Business: _____ Corporation: _____ Partnership: _____ Sole Ownership _____

Owners and/or Officers

Name	Address	City	State	Phone
1: _____	_____	_____	_____	_____
2: _____	_____	_____	_____	_____
3: _____	_____	_____	_____	_____
4: _____	_____	_____	_____	_____

Social Security Numbers for the persons named above

1: _____ 2: _____ 3: _____ 4: _____

State Resale Number (if applicable – resale certificate must be attached): _____

Credit References (Trade)

Name	Address	Account #	Phone
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____
4: _____	_____	_____	_____

Bank References

Name	Branch	Account #	Phone
1: _____	_____	_____	_____
2: _____	_____	_____	_____

Are you now operating or have you ever operated a business under another name other than listed above?
If so, please list those names below and if they are currently active.

Are there any outstanding judgments, lawsuits or liens that involve the business or any of its principals?

If so, please explain: _____

CONFIDENTIAL

In order for Homefacets.com LLC; DBA, NW Cabinet Source to verify the credit information you stated on your credit application, we need more information.

Your bank's policy may or may not require a signed authorization before releasing credit information.

Completion of this form will enable us to verify the information stated on your credit application. This will expedite our investigation and enable us to process your application more efficiently.

Thank you in advance for your cooperation in this matter.

TO: BANK _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ACCOUNT NUMBER: _____

BANK FAX NUMBER: _____

*I hereby authorize the release of credit information requested By **Homefacets.com, LLC**
And / or **NW Cabinet Source**.*

FROM: COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____

PLEASE PRINT NAME: _____

TITLE: _____

DATE SIGNED: _____

BLANKET CERTIFICATE OF RESALE

1. Name of Seller: _____
2. Name of Buyer/Business: _____
3. Address of Buyer: _____
Street City State Zip
4. Buyer's UBI/Revenue Registration Number: _____
5. Buyer is in the business of: _____
6. Types of items purchased for resale: _____

The buyer certifies that it is purchasing the items listed on line 6 (please check appropriate box):

- for resale in the regular course of business without intervening use.*
- for use as an ingredient or component part of a new article of tangible personal property to be produced for sale,*
- as a chemical to be used in processing a new article of tangible personal property to be produced for sale, or*
- for use as feed, seed, seedlings, fertilizer, or spray materials in its capacity as a farmer.*

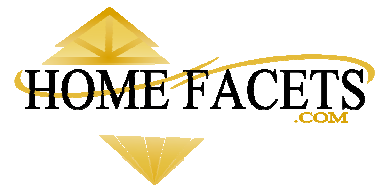
The buyer acknowledges that it is solely responsible for purchasing within the categories listed on line 6. The buyer acknowledges that misuse of the resale privileges subjects the buyer to a penalty of 50 percent of the tax due, in addition to the tax, interest, and any other penalties imposed by law.

Print Name: _____
Name of Person Authorized By the Buyer to Sign Resale Certificate

Signature: _____
Signature of Authorized Agent or Buyer

Effective Date: _____ through _____
(Not to exceed 4 years)

Date Signed: _____



It is understood that this Credit Application and Agreement in no way obligates Homefacets.com LLC, DBA NW Cabinet Source hereafter called "NWCS", to extend credit to the undersigned company. The Undersigned hereby authorizes; NWCS to verify the information and to inquire of the references provided in this Application. In the event; NWCS chooses to extend credit, such extension of credit shall be governed by the following terms and conditions.

BUSINESS ACCOUNT AGREEMENT

The undersigned, "Purchaser", and Homefacets.com LLC, DBA; NW Cabinet Source, Home Facets, hereafter called NWCS agree as follows:

- 1: Above information is given by the Purchaser for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize financial institutions or any credit report agency to release credit information to; NWCS.
- 2: All merchandise sold to Purchaser is on a Net 10th basis and there are no additional discounts unless specifically approved in advance in writing by the management of NWCS.
- 3: All invoices are due in full no later than the 10th of the month following billing. A late charge of one and one half percent (1 1/2%) per month will be imposed on all past due accounts from the day of the invoice, starting on the 31st day if not paid as agreed.
- 4: This Agreement may be terminated at any time by either party upon certified written notice to the other. Such termination shall not affect Purchaser's liability for their existing balance.
- 5: This Agreement may be amended from time to time by; NWCS by written notice. Unless Purchaser terminates this Agreement prior to the effective date of the amendment, Purchaser will be deemed to have agreed to such amendments. All purchases made after the effective date of the amendment shall constitute an acceptance of the terms of the amendment.
- 6: If a suit is brought to collect any money due on the account, Purchaser shall pay the costs of collection, including a reasonable attorney's fee. Any invoice(s) that becomes late may halt any work and/or order in progress until the account is brought current.
- 7: Should it be necessary to file a lien against any project, Purchaser agrees to pay the costs incurred for filing liens on such property whether any suit is filed, or Lien is executed. All costs must be paid in full to NWCS prior to Lien Release.
- 8: At the option of; NWCS, the venue of any suit brought to collect this account may be held in Washington County, Oregon.

Date: _____

(Print or type name of Owner or Corporate Officer)

(Signature of Owner or Corporate Officer)

(Title)

INDIVIDUAL GUARANTY

(To be signed by all principals of the Company)

In consideration of the sale of merchandise to the Purchaser, each of the persons whose signatures appear below personally guaranty payment in full of the account. This guaranty is continuing and irrevocable while there is any unpaid balance due on the account.

Date: _____

_____ as Individual

_____ as Individual

_____ as Individual

Please Fax & Mail to: Cabinet Source 4280 SW 110th Beaverton, OR 97005

Ph: 503-520-1111

Fax: 503-520-1119