

988 E. Saratoga
Ferndale, MI 48220
E: bondply@sbcglobal.net



P: 248-548-3150
P: 800-247-5966
F: 248-548-0265

Confidential Credit Application

| | |
|------------------|------|
| Company: | |
| Bill to address: | |
| | |
| Ship to address: | |
| | |
| Phone: | Fax: |
| Email: | |

| | | |
|--|-----------------|-------------|
| Type Of Business: | | |
| Corporation: | Co-Partnership: | Individual: |
| Date the business started or incorporated: | | |
| How long at this location? | | |

| Proprietors or Officers | |
|-------------------------|----------|
| Name: | Name: |
| Address: | Address: |
| | |
| Phone: | Phone: |

| |
|--|
| Amount of credit desired: |
| Person to be contacted concerning payment: |

| Bank Reference |
|-------------------|
| Name of the Bank: |
| Address: |
| |
| Phone: |
| Contact: |

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We require four trade references which you may list below. It's best if all or some of your references are from within our trade. Please complete all information for each reference.

| | |
|----------------------------------|------|
| Name: | |
| Phone: | Fax: |
| Approximately monthly purchases: | |

| | |
|----------------------------------|------|
| Name: | |
| Phone: | Fax: |
| Approximately monthly purchases: | |

| | |
|----------------------------------|------|
| Name: | |
| Phone: | Fax: |
| Approximately monthly purchases: | |

| | |
|----------------------------------|------|
| Name: | |
| Phone: | Fax: |
| Approximately monthly purchases: | |

Bond Plywood's Terms of Sale are: *Net 30 Days*

We agree to be bound by Bond Plywood, Inc.'s Terms of Sale, unless other written arrangements have been made. We understand that upon failure to meet Bond Plywood, Inc.'s payment terms we will be subject to a 1-1/2% finance charge. Also, Bond Plywood, Inc. may revoke our privilege of open account.

I hereby warrant and affirm, based on my review of our record, that the foregoing information is correct and accurate. I understand that this information will be used by Bond Plywood, Inc. so that we may qualify to purchase goods on credit, open account.

I hereby authorize our references to release any information necessary to assist in establishing a line of credit.

| | |
|-------------|--------|
| Signature: | Title: |
| Print name: | Date: |