

ATLANTIC CABINETRY CORPORATION
17527 NASSAU COMMONS BOULEVARD, LEWES, DELAWARE 19958
(302) 644-1407 FAX (302) 644-1406

APPLICATION FOR CREDIT
CONFIDENTIAL

CUSTOMER NAME: _____ CONTACT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ PO # REQ? _____
Street City State Zip

YEARS IN OPERATION: _____ TAX EXEMPT #: _____ D&B RATING: _____

INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ FED ID # _____

PRINCIPALS:

NAME: _____ TITLE: _____ SOC SEC # _____

ADDRESS: _____ PHONE: _____

NAME: _____ TITLE: _____ SOC SEC # _____

ADDRESS: _____ PHONE: _____

NAME: _____ TITLE: _____ SOC SEC # _____

ADDRESS: _____ PHONE: _____

CREDIT REFERENCES (do not include credit card companies):

	NAME	ADDRESS	CITY	STATE	TEL #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

BANK REFERENCE: _____

	NAME	ADDRESS	CITY	STATE
ACCOUNT #	_____	_____	_____	_____
CONTACT	_____	_____	_____	_____
TEL #	_____	_____	_____	_____

TERMS OF PAYMENT: NET 30 DAYS

In consideration for any extension of credit, purchaser agrees to the terms hereof and to the conditions of sale set forth on each invoice. Purchaser also agrees to pay a service charge of two percent (2%) per month to correspond to an annual percentage rate (APR) of 24% (or the maximum allowable contract rate under state statutes) computed on the unpaid delinquent balance until the account is paid in full. The purchaser also agrees to pay reasonable attorney fees, court costs, and other costs incurred for collection. Purchaser hereby gives authorization to Atlantic Cabinetry Corporation to verify your references and any other source of information available to us to determine your credit history and reliability of payment. You agree that we may periodically recheck any of this information, as often as we deem necessary, to determine whether to continue extending credit to you.

SIGNATURE OF APPLICANT: _____ TITLE: _____

CREDIT LINE REQUESTED: _____ DATE: _____

***** PLEASE SEE REVERSE*****

ATLANTIC CABINETRY CORPORATION

**APPLICATION FOR CREDIT
CONTINUED**

RETURNED MERCHANDISE POLICY

Returns can be made only with prior written authorization from our offices. A twenty percent (20%) return or restocking charge will be assessed on items returned. Returned goods must be made within 30 days in original, saleable condition. No returns will be accepted on special order or non-stock items.

PERSONAL GUARANTY

In consideration of Atlantic Cabinetry Corporation extending credit to the above business (hereinafter referred to as "the Company"), the undersigned, jointly and severally, personally guarantee(s) to Atlantic Cabinetry Corporation, the payment of any obligation of the Company and agree to bind ourselves to pay on demand any sum which may become due to you, whenever the Company shall fail to pay the same. It is understood that the guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/we hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. In the event any account is placed with a third party for collection, I/we agree to pay all costs including reasonable attorney's fees, court costs, and finance charges.

This the _____ day of _____, 20__.

_____ (Witness) _____ (Seal)

_____ (Witness) _____ (Seal)

MUST ALSO BE SIGNED BY SPOUSES

REPORT ON REFERENCES

	Sold Since	Date Last Sale	Recent High Credit	Now Owing	Amount Past DueDisc.	Paying Record			Remarks
						Prompt	Slow	Days	
1.	_____								
2.	_____								
3.	_____								

APPROVED: _____