

Sales # _____ / _____

COFER ADAMS

175 Buford Drive

P.O. Box 685

Lawrenceville, GA 30046
COFER/ADAMS BUILDING CENTER, INC.

(770) 995-3900

Fax # (770) 822-6917

BUSINESS CREDIT APPLICATION

LEGAL NAME OF BUSINESS _____

Hereinafter referred to as CUSTOMER

STREET ADDRESS _____ MAILING ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

BUSINESS PHONE _____ FAX _____ CELL _____

TYPE OF BUSINESS: ___ Corporation ___ Partnership ___ Individual Proprietorship ___ LLC

___ Other (please specify) _____ How long in existence: _____

Net worth as of close of last fiscal year \$ _____ Financial Statement () is () is not attached

PRINCIPALS:

Name _____

Name _____

Address _____

Address _____

Address _____

Address _____

SS# _____

SS# _____

Position _____

Position _____

CREDIT REFERENCES:

BANK: Name _____ Phone _____ Contact _____

Account # _____ Construction Loan? ___ Yes ___ No

BANK: Name _____ Phone _____ Contact _____

Account # _____ Construction Loan? ___ Yes ___ No

Supplier: Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Supplier: Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Supplier: Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Supplier: Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

CUSTOMER BUILDS: ___ % Contract ___ % Speculative TYPE JOBS: ___ Residential ___ Commercial

HOW MANY HOMES PER YEAR? _____ PRICE RANGE OF HOMES _____

PLEASE SEE REVERSE FOR CONTINUATION OF APPLICATION AND GUARANTY AGREEMENT

Name of persons authorized to charge on this account:

CUSTOMER understands that, as a consideration of the extension of credit, Cofer/Adams Building Center Inc., hereinafter referred to as Cofer/Adams, may file a preliminary notice of lien rights.

CUSTOMER certifies that the above information is true and correct and CUSTOMER agrees to pay this account in accordance with CUSTOMER'S credit terms. CUSTOMER agrees to pay for all charges incurred by those authorized to charge on this account and agrees that any additions or deletions of authorized persons will be made in writing. CUSTOMER and undersigned guarantors authorize Cofer/Adams Building Center, Inc. to investigate their creditworthiness and to furnish information concerning performance of this account to credit reporting agencies and others who may lawfully receive such information.

CUSTOMER agrees to pay any lien charges incurred by Cofer/Adams in connection with this account. If collection of this account is made through an attorney at law, CUSTOMER agrees to pay attorney's fees in the amount of 15% of the principal and interest and any other reasonable costs and expenses of collection (which costs and expenses include, but are not limited to, expenses incurred in connection with the filing of any lien).

Purchases and/or deliveries are herewith authorized to be made without signature.

Invoices are deemed to be correct, especially insofar as quantity, quality, description of product, and amount due, unless CUSTOMER objects in writing within thirty (30) days of the invoice date.

Cofer/Adams does not anticipate CUSTOMER'S account being unpaid after the 10th of the month. However, in case it should, it will be subject to a 1.5% per month (18% per year) service charge on the amount due and unpaid on the 11th of the month. This charge will be applied on the last day of the billing month.

CUSTOMER and undersigned guarantors waive personal jurisdiction and submit themselves to the jurisdiction and venue of the Superior or State Court of Gwinnett County, Georgia, with regard to any dispute or claim arising from the credit account created by this agreement.

NOTE: IF CUSTOMER IS A PARTNERSHIP, ALL PARTNERS MUST SIGN. IF A CORPORATION OR OTHER LEGAL ENTITY, AN AUTHORIZED CORPORATE OFFICER OR OTHER AUTHORIZED REPRESENTATIVE MUST SIGN.

CUSTOMER

BY _____
SIGNATURE

PLEASE PRINT NAME HERE

TITLE _____

DATE _____

Guaranty: In consideration of credit being extended by Cofer/Adams Building Center, Inc., to CUSTOMER as identified above, I or we (if more than one guarantor below) warrant the truthfulness and veracity of the above information, and I or we (if more than one guarantor below) guaranty payment of all amounts owed by CUSTOMER to Cofer/Adams Building Center, Inc. under the credit account established by this agreement.

GUARANTOR AND PLEDGEE

GUARANTOR AND PLEDGEE

PRINTED NAME OF GUARANTOR

PRINTED NAME OF GUARANTOR

Date Signed _____

Date Signed: _____

APPROVED _____
Signature & Date

REJECTED _____
Signature & Date

CREDIT LIMIT _____ ACCOUNT # _____