



Office Fax 603.898.3506/Sales Fax 603.898.1676

**BUSINESS APPLICATION
FOR CREDIT**

**39 Rockingham Road, PO Box 837
Windham, NH 03087 • 603.898.5000**

Complete all information (if none, so state) If additional space is required please use reverse side of this form or attach a separate sheet.

Legal Business Name _____			Date _____	Salesman _____	
Business Trade Name(s) _____			Business Phone _____		
Street Address _____			Fax _____	Cell Phone# _____	
P.O. Box _____			Physical Address (if different than mailing address) _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____

Check One: Corporation State/Date of Incorporation _____ FED ID# _____
 Trust Trust Agreement Recorded in what Registry? _____
 Partnership General or Limited _____ Proprietorship

Date Business Started _____
 (If less than three years, principal(s) should complete individual credit applications and submit available business financial statements and 3 years individual tax returns.)

OWNERS, OFFICERS, TRUSTEES, OR IF PARTNERSHIP, ALL GENERAL PARTNERS;

Name _____	Title _____	Home Address _____	Home Tel# _____	S.S.# _____
Name _____	Title _____	Home Address _____	Home Tel# _____	S.S.# _____
Name _____	Title _____	Home Address _____	Home Tel# _____	S.S.# _____

Any Affiliated Companies? Yes No If yes, list on reverse side

PLEASE LIST REAL PROPERTY OWNED BY EITHER CORPORATION OR PRINCIPALS OF BUSINESS:

Address _____	Lot# _____	City _____	State _____	Mortgage Holder _____
Address _____	Lot# _____	City _____	State _____	Mortgage Holder _____

TYPES OF PROJECTS NORMALLY ENGAGED IN:

Single House Units _____ (number per year) Remodeling _____ Residential or Commercial
 Multiple Dwelling Units _____ (number per year) Other _____ Specify _____

IN WHAT CAPACITY: Owner/Developer General Contractor Sub Contractor

TYPE OF FINANCING USED: Government _____ PRIVATE: RE/Construction Loans Letter of Credit
 Business Loans

SALES TAX STATUS: (Attach Certificate) Taxable Resale Exempt

MONTHLY CREDIT DESIRED \$ _____

PLEASE SEE REVERSE SIDE TO COMPLETE APPLICATION

CYR LUMBER COMPANY • BUSINESS APPLICATION FOR CREDIT • SIDE 2

CHECKING ACCOUNT(S)

Bank Name	City/State	Tel#	Account Number (must be included)
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Bank Name	City/State	Tel#	Account Number (must be included)
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BUSINESS/CONSTRUCTION LOANS

Lender's Name	City/State	Tel#	Account Number	Balance
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Lender's Name	City/State	Tel#	Account Number	Balance
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Lender's Name	City/State	Tel#	Account Number	Balance
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TRADE REFERENCES (Must list current MAJOR suppliers (if none, so state))

Name	City/State	Tel#	Account Number	Open High Credit
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Name	City/State	Tel#	Account Number	Open High Credit
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Name	City/State	Tel#	Account Number	Open High Credit
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AUTHORIZATION

I/We authorize the above listed trade and bank references to release, upon verbal or written request, by CYR LUMBER COMPANY, INC., such information requested relative to open accounts, notes, mortgages, construction loans and average deposit balances pertinent to the granting of credit by this application.

The applicant hereby authorizes CYR LUMBER COMPANY, INC., to make inquiry of any other recognized source of credit information concerning the credit standing of the applicant.

AGREEMENT

I/We certify the above-furnished information to be true and accurate.

I/We are financially able to meet any commitments we make and we expect to pay invoices according to terms: 2% 10th, Net end of month. I/We agree to pay CYR LUMBER COMPANY, INC., in addition to amounts due for materials and services rendered, an overdue assessment charge of 2% per month (or 24% per year) on any balance remaining unpaid from the preceding monthly billing period. I/We further agree, in the event any balance is past due and is placed in the hands of any attorney for collection, the applicant(s) agrees to pay all costs and expenses of such collection efforts, together with reasonable attorney's fees. The applicant agrees that 30% of the amount placed for collection shall be considered reasonable attorney's fees exclusive of costs and expenses. CYR LUMBER COMPANY, INC., may apply any payment made to any outstanding invoice in its sole discretion.

Date	Applicant	Title
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Applicant	Title
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PERSONAL GUARANTEE

The undersigned, in consideration of CYR LUMBER COMPANY, INC., extending credit to the applicant(s) upon this application, jointly and severally guarantee to CYR LUMBER COMPANY, INC., the prompt payment of all sums due to CYR LUMBER COMPANY, INC., by the above named applicant(s). The undersigned agrees to remain bound on this guarantee notwithstanding any extension, indulgence or change in the terms of payment made with the applicant(s) hereof. The undersigned waives any suretyship defenses generally and agrees that the undersigned's obligation shall be principal and primary in the event and waiving suretyship defenses generally the undersigned obligation to be of a principal in the event of default, without obligation to CYR LUMBER COMPANY, INC., to first

exhaust its remedies against the applicant(s) or to pursue other collateral. The guarantor hereby authorizes CYR LUMBER COMPANY, INC., to make inquiry of any other recognized source of credit information concerning the credit standing of the guarantor.

No termination of this guarantee shall be effective except that sent to CYR LUMBER COMPANY, INC., by registered mail naming an effective date after the date of receipt of said notice. Such termination shall not affect the liability of the undersigned with respect to any credit extended to the above named applicant(s) prior to said termination date.

Date	Personal Guarantor's Signature (No titles, please)	Address
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Personal Guarantor's Signature (No titles, please)	Address
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Attach other sheets as necessary to complete this form.