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5 92 PROSPECT ST
P.O. BOX 1269
ENFIELD, CT 06083
TEL. 860-745-3331
FAX. 860-745-3221

7 99 WEST ROAD
P.O. BOX 119
ELLINGTON, CT 06029
TEL. 860-875-6213
FAX. 860-875-7470

8 423 HAZARD AVE.
P.O. BOX 1132
ENFIELD, CT 06083
TEL. 860-749-8321
FAX. 860-749-4678

APPLICATION FOR CREDIT

BUSINESS OR PERSONAL

BUSINESS ACCOUNT INFORMATION (For Business Account Only)

* BUSINESS NAME: _____ FEDERAL I.D.# _____

* BUSINESS ADDRESS: _____ * CITY: _____ * STATE: _____ * ZIP: _____

* BUSINESS MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

* BUSINESS PHONE: _____ FAX: _____

BUSINESS EMAIL: _____ * CELLULAR: _____

PRINCIPAL INFORMATION (For Business Account and Personal Account)

1. * NAME: _____ SOC. SEC. # _____

* HOME ADDRESS: _____ * CITY: _____ * STATE: _____ * ZIP: _____

* HOME PHONE: _____ * CELLULAR: _____

EMAIL: _____

2. NAME: _____ SOC. SEC. # _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELLULAR: _____

EMAIL: _____

BANK REFERENCES (For Business Account and Personal Account)

1. NAME: _____ ADDRESS: _____ ACCOUNT # _____

2. NAME: _____ ADDRESS: _____ ACCOUNT # _____

3. NAME: _____ ADDRESS: _____ ACCOUNT # _____

CREDIT REFERENCES (For Business Account and Personal Account)

1. NAME: _____ ADDRESS: _____ TELEPHONE: _____

2. NAME: _____ ADDRESS: _____ TELEPHONE: _____

3. NAME: _____ ADDRESS: _____ TELEPHONE: _____

***MANDATORY FIELD**

CONTINUED ON PAGE 2

MAIN CONTACT

NAME: _____ EMAIL: _____
TELEPHONE: _____ CELLULAR: _____

BILLING CONTACT SAME AS ABOVE [] NO [] YES

NAME: _____ EMAIL: _____
TELEPHONE: _____ CELLULAR: _____

ACCOUNT PREFERENCES

WOULD YOU PREFER HAVING YOUR ACCOUNT REQUIRE AN "AUTHORIZED TO CHARGE" OPTION? [] NO [] YES IF YES, FILL OUT INFORMATION BELOW.

If you choose to have a List of Authorized users, Kelly-Fradet will only allow the people on the list to; purchase materials In store, request a delivery; have access to account information. It is the account holders responsibility to inform Kelly-Fradet of any changes to this list; new or terminated users

NAME: _____ CELLULAR: _____ EMAIL: _____
NAME: _____ CELLULAR: _____ EMAIL: _____
NAME: _____ CELLULAR: _____ EMAIL: _____

WOULD YOU PREFER HAVING ALL YOUR INVOICES EMAILED? [] NO [] YES SEE BELOW FOR EXPLANATION OF PROCESS.

If you choose to have your invoices emailed, Kelly-Fradet will send you a copy of an invoice upon material pick-up or after it has been delivered. If you choose not to have invoices emailed, you will only receive a paper invoice upon material pickup. It is Kelly-Fradet's policy to never send invoices on deliveries, the only copy of a delivery invoice will come with your monthly statement

WOULD YOU PREFER HAVING ALL YOUR MONTHLY STATEMENTS EMAILED? [] NO [] YES SEE BELOW FOR EXPLANATION OF PROCESS.

If you choose to have your statements emailed, Kelly-Fradet will send your statement and copies of invoices for the month, to your email on the 28th of the month. If you choose not to have statements emailed Kelly-Fradet will send a paper statement and paper copies of your invoices for the month through regular mail. If you choose emailed statements, you can not receive a mailed paper statement.

DO YOU USE PURCHASE ORDERS ON YOUR INVOICES? [] NO [] YES

IS YOUR ACCOUNT TAX EXEMPT? [] NO [] YES IF YES, PLEASE ATTACHED APPROPRIATE DOCUMENTATION TO THIS APPLICATION:

In order for an account to be set as tax exempt Kelly-Fradet will require all supporting documentation proving exempt status. If not provided Kelly-Fradet will charge any and all applicable taxes

CREDIT TERMS AND CONDITIONS

PAYMENT IS DUE IN FULL UPON RECEIPT OF STATEMENT. ACCOUNTS HAVING BALANCES OVER 30 DAYS WILL BE PUT ON CREDIT HOLD UNTIL PAYMENT IS RECEIVED, AT WHICH TIME CREDIT PRIVELEGES MAY BE REINSTATED. ACCOUNTS HAVING BALANCES OVER 60 DAYS MAY BE CONSIDERED FOR COLLECTION. ALL COLLECTION AND/OR LEGAL FEES INCURRED BY KELLY FRADET LUMBER IN THE COLLECTION OF MONIES OWED IS THE RESPONSIBILITIES OF THE CUSTOMER. ACCOUNTS MAY ALSO BE REPORTED TO CREDIT BUREAUS AND OTHER PARTIES WHO MAY LAWFULLY RECEIVE SUCH INFORMATION. ACCOUNTS OVER 30 DAYS ARE SUBJECT TO A 1.50% MONTHLY FINANCE CHARGE ON THE UNPAID BALANCE (ANNUAL PERCENTAGE RATE: 18%)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND HEREBY GIVE PERMISSION TO KELLY-FRADET LUMBER TO VERIFY THE ABOVE INFORMATION. I HAVE READ AND FULLY UNDERSTAND THE CREDIT TERMS AND CONDITIONS AND AGREE TO THE PROMPT PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. I UNDERSTAND THAT ALL COLLECTION AND/OR LEGAL FEES INCURRED BY KELLY-FRADET LUMBER IN THE COLLECTION OF MONIES OWED WILL BE MY RESPONSIBILITY

* SIGNATURE _____ DATE: _____

PERSONAL GUARANTEE

IN CONSIDERATION FOR THE GRANTING OF CREDIT TO THE ABOVE NAMED ENTITY, THE UNDERSIGNED INDIVIDUAL HEREBY PERSONALLY AND UNCONDITIONALLY GUARANTEES PAYMENT OF ANY AND ALL OBLIGATIONS, INCLUDING BUT NOT LIMITED TO ALL PURCHASES UP TO AND INCLUDING THE CREDIT EXTENDED; PLUS ANY COLLECTION COSTS AND ATTORNEY FEES INCURRED WITH REGARD TO DEFAULT ACCOUNT.

SIGNATURE _____ DATE: _____

*MANDATORY FIELD

INTERNAL USE ONLY:

APPLICATION RECEIVED BY: _____ KF SALESPERSON ASSIGNED TO ACCOUNT _____
IS THIS ACCOUNT FOR A SPECIFIC PROJECT? [] NO [] YES TYPE OF PROJECT? _____ AMOUNT NEEDED? _____
SHIP TO ADDRESS FOR PROJECT: _____
APPROVED: [] NO [] YES CREDIT LIMIT: _____