

Metro **HARDWOODS**
a Division of **Midwest HARDWOOD CORPORATION**
9540 83RD AVENUE NORTH
MAPLE GROVE, MN 55369

APPLICATION FOR CREDIT
PHONE: 763-391-6748 FAX: 763-391-6728

COMPANY FULL LEGAL NAME: _____

PHYSICAL LOCATION/ SHIP TO ADDRESS: _____

BILLING ADDRESS IF DIFFERENT THAN ABOVE: _____

PHONE (____) _____ FAX (____) _____ WEBSITE _____

ACCOUNTS PAYABLE CONTACT _____ E-MAIL _____ BILLING FAX _____

CHECK LEGAL STATUS : PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

STATE OF INCORPORATION/OR REGISTRATION OF PARTNERSHIP _____ FEDERAL ID # _____ STATE ID # _____

ARE YOU EXEMPT FROM SALES TAX? YES _____ NO _____ (IF YES, PLEASE ATTACH EXEMPTION CERTIFICATE)

LIST ALL OWNERS, PARTNERS, OR CORPORATE OFFICERS: (Please include titles)

NAME _____ NAME _____

TITLE _____ DOB _____ TITLE _____ DOB _____

ADDRESS _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

PHONE _____ SS# _____ PHONE _____ SS# _____

COMPANY agrees to provide to Creditor updated financial information on request, and to provide an annual financial statement to Creditor as a condition of the continuation of credit. COMPANY agrees to provide Creditor with an updated credit application each year as a condition for the continued extension of credit.

BANK REFERENCE:

Bank _____ Account #(s) _____ Address/City/State/Zip _____

Bank Officer _____ Department _____ Phone # _____ Fax # _____

TRADE REFERENCES:

BUSINESS NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

COMPANY hereby makes this application for credit to Midwest HARDWOOD CORPORATION (Creditor), and in making this application COMPANY agrees that all amounts shall be paid within the terms shown on each invoice, and if not paid according to said terms, are then delinquent. COMPANY agrees to pay finance charges of 1.5% per month on all delinquent balances. Should credit availability be granted by Creditor, all decisions with respect to the extension or continuation of credit shall be at sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion. COMPANY shall be responsible for all collection costs and attorney's fees in connection with any delinquent amount. COMPANY agrees to pay for all purchases according to the terms of Creditor. No terms of conditions of purchase orders different from the terms of Creditor will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by Creditor. COMPANY acknowledges and agrees that Creditor may utilize outside commercial and consumer credit reports to obtain information as well as contact the bank and business references listed above for the sole purpose of establishing, monitoring, renewal and extension of credit with the Creditor. **GUARANTOR, COMPANY AND MIDWEST HARDWOOD CORPORATION HEREBY IRREVOCABLY AGREE, CONSENT TO AND SUBMIT TO THE JURISDICTION AND VENUE OF ANY STATE OR FEDERAL COURT LOCATED IN THE STATE OF MINNESOTA AS FORUM FOR ANY AND ALL ACTIONS OR PROCEEDINGS ARISING FROM, RELATING TO, OR IN CONNECTION WITH ANY PURCHASES AND THE PERSONAL GUARANTY. IN CONSIDERATION OF THE INDIVIDUAL BENEFITS TO BE DERIVED BY ME, I, THE UNDERSIGNED GUARANTOR, PERSONALLY AND INDIVIDUALLY AND WITHOUT TITLE, GUARANTY TO PAY ALL INDEBTEDNESS INCURRED BY THE ABOVE COMPANY. THIS PERSONAL GUARANTY SHALL REMAIN IN FULL FORCE AND EFFECT FOR ALL BALANCES PURCHASED PRIOR TO RECEIPT BY CREDITOR BY CERTIFIED MAIL AT THE FOLLOWING CORPORATE HEADQUARTERS ADDRESS OF NOTIFICATION OF A CHANGE OF OWNERSHIP. THIS AGREEMENT IS NOT A NOVATION BETWEEN THE PARTIES, BUT IS IN ADDITION TO ALL RIGHTS, GUARANTEES, AND REMEDIES CURRENTLY IN EXISTENCE BETWEEN THE PARTIES. FOR WISCONSIN RESIDENTS: EACH GUARANTOR WHO SIGNS BELOW AND IS MARRIED REPRESENTS THAT THIS OBLIGATION IS INCURRED IN THE INTEREST OF HIS OR HER MARRIAGE OR FAMILY.** All accounts shall be due and payable at 9540 83rd Avenue North, Maple Grove, Minnesota 55369.

THE PERSON SIGNING THIS APPLICATION CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION (AND ANY ATTACHMENTS) IS TRUE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

DATED: _____ Signature of Owner/Partner/President (GUARANTOR) _____ Print Name of Signature _____

DATED: _____ Signature of Owner/Partner/President (GUARANTOR) _____ Print Name of Signature _____

