

Northland Corporation
Application for Credit

Application is hereby made for the extension of credit:

Business Name: _____
Bill to Address: _____
Ship to Address: _____
Tax ID # _____ Phone # _____ Fax # _____

Type of Business
Proprietorship _____ Corporation _____ Partnership _____ Other _____

Owners'/Principle Names _____
SS# of Owners & Date of Birth (if other than a Corporation) _____
Year of Company was incorporated _____
Accounts Payable contact: _____ Phone# _____

Bank reference:
Bank name: _____ Branch _____
Address: _____ Phone/Fax # _____
Bank Contact: _____ Account # _____

Trade References: (Minimum of 4 Lumber references are requested)

Vendor Name	Address	Phone#	Fax #
1.			
2.			
3.			
4.			

THIS IS NOT A PERSONAL GUARANTEE:

I/We certify that the information provided in this application is correct and accurate to the best of my/our knowledge. The undersigned agrees to the terms of payment established by Northland Corporation and understands that payments are due according to terms of 1% ten days net 30, and agrees to pay timely in accordance with these terms. The undersigned agrees to pay monthly service charges equal to 1.5% monthly on all balances over 30 days. In the event that payment is not timely made, and in the event of litigation, the undersigned agrees that exclusive jurisdiction and venue shall be the 12th Circuit Court in Oldham County, Kentucky. It is further agreed that in the event of default in payment to Northland, the undersigned agrees to payment of collection charges and/or attorney's fees, whether or not a suit is filed equal to 25% of the outstanding balance or whatever reasonable collection costs/attorney's fees that a court may ultimately award to Northland, in addition to all court costs expended. The undersigned agrees that no unauthorized deductions are allowed and no returns will be attempted without prior written authorization of Northland Corporation. The undersigned authorizes any bank references listed above to release any and all information necessary to assist Northland in establishing the applicant for open account credit.

By: _____ Date _____

By: _____ Date _____

RETURN TO FAX NUMBER: (502) 222-8917

Purchasing:

The following individuals will be placing orders: _____

Placing orders on behalf is deemed authorized. Signature _____

Are purchase orders required to charge your account?	Yes	No
Delivery document is the bill of lading. Is this sufficient?	Yes	No
How many copies of the invoice do you require?	01	02
Is special billing or vouchering required?	Yes	No

(If "Yes", please describe and attach sample of required form(s).)

Delivery Information (Person to contact in case of delivery issues):

Name: _____ Title: _____

Earliest delivery time: _____ am/pm No Deliveries between: _____ am/pm

Latest delivery time: _____ am/pm and _____ am/pm

Restrictions or Special Instructions:

Can a tractor trailer (48' trailer) be accommodated? Yes No

Customer has loading dock Yes No Forklift Yes No

Additional individuals may be added or changed with a Fax communication signed by an officer of the company.

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