

APPLICANT'S NAME:

Full Legal Name of Organization or Individual _____

Mailing Address _____ City _____ State _____ Zip Code _____

Physical Address (if different) _____ City _____ State _____ Zip Code _____

Business Phone No. _____ Fax No. _____

Cell: _____ Email: _____

Home Phone No. _____ Property Owned _____ Rented _____

Home Owned _____ Rented _____

TYPE OF ORGANIZATION:

Sole Proprietorship Partnership Corporation Trust Personal Account Other _____

Length of Time in Business _____

Sales Tax Exemption Number (Certificate Must Be Attached) _____

Custom Builder Developer Remodeler Homeowner Commercial Installer/One-Stepper Employee Municipality/Institutional
Nature of Business (Please select one)

PURPOSE OF THIS ACCOUNT:

General Purpose Renovations Building Home Other _____

If building a house or renovating, how is financing being provided? List financial institution, location, loan officer, phone and fax number.

INFORMATION ABOUT PRINCIPALS: (PROPRIETORS, PARTNERS, INDIVIDUALS)

(Must be filled out completely for credit processing)

Name _____ Soc. Sec. No. _____ Date of Birth _____

Home Address _____

Name _____ Soc. Sec. No. _____ Date of Birth _____

Home Address _____

Name _____ Soc. Sec. No. _____ Date of Birth _____

Home Address _____



Credit Application

Original application must be returned to: Mario's True Value
1057 Kinderhook Street RT 9 • Valatie, New York • Phone: (845) 758-7075

ACTIVE TRADE REFERENCES:

Name of Supplier	City and State	Fax Number	Phone Number	Account Number
Name of Supplier	City and State	Fax Number	Phone Number	Account Number
Name of Supplier	City and State	Fax Number	Phone Number	Account Number
Name of Supplier	City and State	Fax Number	Phone Number	Account Number
Name of Supplier	City and State	Fax Number	Phone Number	Account Number

BANKING INFORMATION:

Checking Account - Bank Name & Location	Name on Account	Fax Number	Phone Number	Account Number
Savings Account - Bank Name & Location	Name on Account	Fax Number	Phone Number	Account Number
Loans - Bank Name & Location	Name on Account	Fax Number	Phone Number	Account Number

I would like a credit line of:

\$ _____ / month

Among those persons authorized by me to charge to my account are:

1. _____
2. _____
3. _____
4. _____

OUR TERMS: (This section must be signed & dated to process application)

I understand that all payments are due in full by the 10th of the month following the month of purchase, and a late charge of 2% per month will be applied to past due charges after the last day of the following month. No further charges may be permitted until all amounts are paid in full. I also agree to reimburse Mario's True Value, Inc. for all expenses it incurs (including reasonable attorney fees) to collect my past due accounts. I realize my account may be closed permanently at any time for nonpayment or payments received beyond payment terms. Hancock Lumber is authorized to check my bank and credit history at this time or any other time it deems necessary.

X _____ Date _____
Applicant's Name

X By: _____ **X** Its: _____
Signature (If a corporation)

X _____ Date _____
Applicant's Name

X By: _____ **X** Its: _____
Signature (If a corporation)

STORE USE ONLY:

Store _____ Salesman Assigned # _____ Plan Number _____

Employee Handing Out Application _____



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PERSONAL GUARANTEE OF ACCOUNT

The undersigned, in consideration of the extension of credit by **MARIO'S TRUE VALUE, INC.** (herein called the SELLER) to _____, a _____ corporation
company
(herein called the CUSTOMER) for merchandise that has been and may be sold and delivered by the SELLER from time to CUSTOMER or upon time to CUSTOMER's order, does hereby personally guarantee payment to SELLER, its successors and assigns, all sums that are now or may become due and payable from CUSTOMER to SELLER, and does further promise and agree to pay all of said sums promptly on demand.

This is a continuing absolute and unconditional guarantee which may be revoked by the undersigned only upon actual receipt by SELLER of written notice of revocation at SELLER's address given above, but such notice of revocation shall not in any way effect undersigned's liability for the payment of sums owed by CUSTOMER before SELLER's receipt of the written notice of revocation.

It is further agreed that the undersigned waive(s) notice of acceptance of this guarantee and any demand for payment and notice of non-payment, and that without notice to the undersigned and without effecting the liability hereunder, SELLER may enforce its rights against CUSTOMER and may take or release security and surrender documents, grant extensions, renewals, releases and other indulgences with respect to CUSTOMER or any one or more of the undersigned. The Undersigned shall not assert and right arising from payment or other performance hereunder until all sums owing SELLER have been paid. The undersigned also guarantee(s) to SELLER the payment of any and all expenses paid or incurred by it (including reasonable attorney's fees) in connection with the collections of all sums and the enforcement of all obligations guaranteed hereunder whether such collection or enforcement be from the CUSTOMER or from one or more of the undersigned. If this guarantee is signed by more that one person, then the instrument becomes the joint and several guarantee of all the signers.

IN WITNESS WHEREOF, the undersigned has hereto set his hand this _____ day of _____ /20 _____

WITNESS

APPLICANTS

X _____
Signature

X _____
Signature

X _____
Signature

X _____
Signature

X _____
Signature

X _____
Signature



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