## Miller's Building Supply, Inc.

millersbuildingsupply.com 1819 E. Monroe Goshen, IN 46528 Phone (574) 534-3973 Fax (574) 533-8604

## AirTite Insulation

airtite-insulation.com 1819 E. Monroe Goshen, IN 46528 Phone (574) 825-5271 Fax (574) 833-8604

## Miller Door & Trim

millerdoorandtrim.com 1702 E. Monroe Goshen, IN 46528 Phone (574) 533-8141 Fax (574)534-8132

## **Credit Application**

Business Name		Line of Credit Requested \$				
Address			For	Pastyears		
City	State	;	Zip Code_			
Phone ()		Fax ()	)			
E-Mail Address	Cellular #					
D/B/A	Federal Tax ID#					
Former Business Address	s (if applicable)					
Type of Business	Date Establishe	d H	How long in Business			
OWNERSHIP:	_ Sole Proprietorship _	Partnership	Corporation			
OFFICER:	(NAME)	(Title)	(SS# 6	(SS# or License#)		
OFFICER:	(NAME)	(Title)	(SS# c	or License#)		
OFFICER:	(NAME)	(Title)	(SS# o	or License#)		
OFFICER:	(NAME)	(Title)	(SS# c	or License#)		
NAME	SUPPLIER	REFERENCES: ADDRESS	S/PHONE#			
	BANK R	EFERENCES:				
(Name)	(Address)	1	(Acct #)	(contact)		
(Name)	(Address)		(Acct #)	(contact)		
No. of Employees	Est. Annual sales _	Est. Annual sales Sales Area				
Person's authorized to ch Please attach sep	narge parate page if there are more n	names than will fit into spa	ace.			
Are Purchase Orders/ Joh	Names required? Yes	No Tax Status: Tax Exempt#				

<ul><li>Residential Construction</li><li>Commercial Construction</li><li>Remodeling Construction</li><li>Speculation</li></ul>	<ul><li>Manufacturer</li><li>Personal Project(s)</li><li>Drywall Hanging</li><li>Drywall Finishing</li></ul>	Sub Co	General Contracting Sub Contracting Government Projects Other	
Miller's Building Supply, AirTite Insula (preferred) or by fax. Please enter the ereceived:				
If you must receive invoices and statem handling fee may be accessed.	ents by postal service please contac	t the office. A m	onthly postage and/or	
Has the firm or any of its officers ever b	Yes	No		
If Yes, explain				
Any misrepresentation in this application we extending of credit. As an inducement to gray You are authorized to investigate the credit	ant credit, the undersigned warrants that			
In consideration for the extension of credit, pay a service charge per month of 2% per m parties are employed to collect any outstand collection costs, including attorney fees, wh undersigned represents that he/she has the are	onth (24% annual percentage rate) on a ing monies owed by said business the uether or not litigation has commenced,	ll past due balance indersigned agrees and all costs of litig	s. In the event any third to pay reasonable gation incurred. The	
(Name of Business)				
(Print Name)	(Title)		(Signature)	
(Print Name)	(Title)		(Signature)	
P	ersonal Guarant	ee		
In consideration for Miller's Building Supplidentified below for any materials and/or seindividual hereby personally guarantees uncto Miller's Building Supply, AirTite Insulatidue under open account, contract or otherwi	vices after this date at the request of ap onditionally and irrevocably the promp on and Miller Door & Trim by the busi	plicants or its agent payment of any s	its, the undersigned ums now or hereafter owed	
It is understood and agreed that credit, if extrequired as stated in the credit agreement be business. Miller's Building Supply, AirTite the dates or amounts of any such credit and other forbearance which may be extended by	tween Miller's Building Supply, AirTit Insulation and Miller Door & Trim sha the undersigned waives demand, notice	e Insulation and M ll not be obligated of default and any	filler Door & Trim and the to notify the undersigned of extension of time or any	
This guaranty shall continue in force until no received by Miller's Building Supply, AirTi guaranty is to be terminated; said date not to way release the undersigned as to any sum of	te Insulation and Miller Door & Trim. Sobe less than seven days after such notion	Said notice shall sp ce is received. Such	ecify the date on which this	
Date	Name:(Name of person gua			
	(Name of person gua	ranteeing payme	nt, NO TITLE)	
Home address				
Home Phone #	SS#			
Signature of person guaranteeing payme	ent			
Name of Business whose account is gua	ranteed			