

OFFICE USE ONLY

Account Name: _____

Account Number: _____



APPLICATION FOR BUSINESS CREDIT
and
NON-CONSUMER CREDIT AGREEMENT
with

BENSON'S LUMBER AND HARWARE, INC
P.O. Box 444
Derry, New Hampshire 03038-0444
(603) 432-2531
800-479-5439
www.bensonslumber.com

BENSON'S LUMBER AND HARWARE, INC
P.O. Box 1110
Londonderry, New Hampshire 03053-1110
(603) 432-9863
800-479-5439
www.bensonslumber.com

(Hereinafter individually and collectively referred to as "Benson's")

The undersigned hereby applies to Benson's for the establishment of a business credit account on the terms and conditions provided for herein, and represents and warrants the following credit information to be true, accurate and complete.

Section 1: Individuals and Sole Proprietorships

Your Name: _____

Business Name: _____

Business Address: _____

Phone Number: _____ Fax Number: _____

Social Security Number: _____

Section 2: General Information

List all trade names used by your business: _____

The principal checking account of the business is:

Bank: _____

Office Location: _____

Contact Person: _____ Contact Phone: _____

The principal lender to the business is:

Lender: _____

Address: _____

Total Loans: \$ _____ Contact Person: _____

Please provide the information requested for three (3) major business references:

Business Name: _____

Contact (name and title): _____

Address: _____

Phone: _____ Fax: _____

Business Name: _____

Contact (name and title): _____

Address: _____

Phone: _____ Fax: _____

Business Name: _____

Contact (name and title): _____

Address: _____

Phone: _____ Fax: _____

Section 3: Terms and Agreement

The information provided in this application to Benson's is for the purpose of obtaining business credit, and the undersigned certifies that this information is complete and accurate as of this date. The undersigned agrees to promptly notify Benson's of any changes in the information provided.

The undersigned agrees that the payment terms are as follows:

Payments on account are due fully net 10th prox., and as may otherwise be established from time to time by Benson's. Delinquent accounts are subject to continuing late charges at the prevailing rate sent by Benson's which, until changed in writing by Benson's is one and one-half percent (1½%) per month each month until paid in full. Any customer checks, which do not clear the bank, are subject to a \$25.00 service charge plus bank service charges plus repayment of any cash or prepayment discounts given. The undersigned agrees to pay all costs of collection, including attorney's fees, should legal action be required to enforce this agreement.

Date: _____ Applicant: _____

SIGNATURE

WITNESS

PRINTED NAME

OFFICE USE ONLY

Approved Line of Credit: _____

Selling Price: _____

Terms Code: _____

Account Code: _____

Salesperson: _____

Comments/Conditions: _____

Approved By: _____

Date of Approval: _____

Benson's Lumber and Hardware Stores

P.O. Box 444 • Martin Street • Derry, NH 03038 • (603) 432-2531
Orchard View Drive • Londonderry, NH 03053 • (603) 432-9863

To Whom This May Concern:

I, _____ DBA _____
Applicant Name Business Name

Authorize Benson's Lumber and Hardware, Inc. access to any and all credit information that pertains to my account with

Bank Name

Date: _____

Signed: _____

Witnessed: _____



Account Name: _____

Account # _____

CHARGE AUTHORIZATION NAMES ON ACCOUNT

I authorize the following people to charge to my house account at Benson's Lumber and Hardware, Derry and Londonderry. In providing this list of authorized users, I agree to be responsible for all charges to my account. If no list is provided only the person who completed the credit application will be allowed to charge this account.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of person providing list _____, Date _____

Account updated by _____, Date _____

_____, Date _____

_____, Date _____

Fax (603) 432-2018



Customer Name: _____

Fax Number : _____

E-Mail Address : _____ Contact: _____

Please check off how you would like to receive your Invoices & Statements.

–Please send a copy of all invoices & credits via E-mail.

–Please send a copy of all invoices & credits via fax.

–Please send my monthly statement via E-mail.

*Note: If we send via e-mail the invoices are not attached, you will just receive your statement.

–Please send my monthly statement via Fax.

*Note: invoices will follow your statement if we send via fax.

Customer Signature: _____ Date: _____