



ORIGINALS MUST BE MAILED TO:
PETER LUMBER COMPANY
 300 E. WASHINGTON AVE., PLEASANTVILLE, NJ 08232

Tel. 609-380-4057 Direct Line
 Fax: 609-272-0368
 E-mail: credit@peterlumber.com

BUSINESS CREDIT APPLICATION

LEGAL NAME OF BUSINESS:			BUSINESS WEBSITE:			APPLICATION DATE: / /		
BUSINESS STREET ADDRESS:			BILLING ADDRESS (STREET or PO BOX):					
CITY:		STATE:	ZIP:		CITY:		STATE:	ZIP:
BUSINESS PHONE#: ()			YEARS ESTABLISHED:			AMOUNT OF CREDIT REQUIRED:		
BUSINESS FAX#: ()			CELL#: ()		# OF EMPLOYEES		ESTIMATED AMOUNT OF MONTHLY PURCHASES:	
A/P CONTACT NAME:		A/P#:		A/P E-MAIL:				
TYPE OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETOR #								
<input type="checkbox"/> PARTNERSHIP #			<input type="checkbox"/> LLP					
<input type="checkbox"/> CORPORATION #			<input type="checkbox"/> LLC (please attach article of formation/organization)					
WE ARE ENGAGED IN THE BUSINESS OF:			YEARS INCORPORATED:		STATE OF INCORPORATION		CONTRACTOR LICENSE #:	
COMPANY OFFICERS (PRES/VP) PRINCIPALS / MEMBERS- ALL MUST BE NAMED (LIST ON BACK IF REQUIRED):								
NAME:		TITLE:		HOME ADDRESS:			HOME PHONE#:	
		SS#:					DRIVERS LICENSE#:	
NAME:		TITLE:		HOME ADDRESS:			HOME PHONE#:	
		SS#:					DRIVERS LICENSE#:	
NAME:		TITLE:		HOME ADDRESS:			HOME PHONE#:	
		SS#:					DRIVERS LICENSE#:	
BANK REFERENCE:				BANK NAME:				
ACCOUNT# & TYPE:				BANK ADDRESS:				
PHONE#:		FAX#:		NAME (as it appears on account):				
TRADE REFERENCES (Please provide Building Trade Suppliers, not subcontractors, with at least 18 months experience.)								
NAME:			PHONE:			ACCOUNT#:		
ADDRESS:			FAX:					
NAME:			PHONE:			ACCOUNT#:		
ADDRESS:			FAX:					
NAME:			PHONE:			ACCOUNT#:		
ADDRESS:			FAX:					
TAX EXEMPT: YES / NO		HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR PRINCIPAL WITHIN THE LAST 6						
*PLEASE ATTACH EXEMPT CERTIFICATE		YEARS? (IF YES PLEASE EXPLAIN ON SERPERATE SHEET) YES / NO						
PLEASE INDICATE: PURCHASE ORDER REQUIRED? YES / NO				PLEASE LIST AUTHORIZED PURCHASERS ALLOWED TO CHARGE:				
PLEASE NOTE: CHARGES WILL BE ACCEPTED ONLY FROM THE ABOVE LISTED PERSONS. ADDITIONS & DELETIONS TO THIS LIST ARE EFFECTIVE ONLY UPON WRITTEN NOTICE TO PETER LUMBER COMPANY.								
I/WE AGREE TO PAY ACCORDING TO THE TERMS OF SALE: ALL BILLINGS ARE DUE IN FULL, 10 TH OF THE FOLLOWING MONTH. ACCOUNTS 60 DAYS PAST DUE ARE SUBJECT TO INTEREST CHARGES 1.5% PER MONTH, ON PAST DUE BLALANCES. ANNUAL INTEREST RATE DOES NOT EXCEED 18% PER ANNUM. SHOULD IT BECOME NECESSARY TO PLACE THE ACCOUNT WITH A COLLECTION AGENCY OR ATTORNEY, THE APPLICANT AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEY FEES, IN ADDITION TO ALL OTHER SUMS DUE. APPLICANT AUTHORIZES PETER LUMBER CO. TO OBTAIN CREDIT AND FINANCIAL INFORMATION CONCERNING APPLICANT AT ANY TIME AND FROM ANY SOURCE. THE UNDERSIGNED WARRANTS THAT THE ABOVE AGREEMENT HAS BEEN CAREFULLY READ AND THE APPLICANT(S) UNDERSTANDS COMPLETELY.								
SIGNATURE:			PRINT NAME:			TITLE:		DATE:
SIGNATURE:			PRINT NAME:			TITLE:		DATE:
*NOTE: IF PARTNERSHIP, PARTNERS MUST SIGN. IF CORPORATION OFFICER MUST SIGN. ALL MEMBERS OF LLC OR LLP MUST SIGN (ON BACK IF NECESSARY)								
PLEASE CIRCLE WHICH PETER LUMBER CO. BRANCH LOCATION:								
PLEASANTVILLE, NJ		PITMAN, NJ		HAMMONTON, NJ		MILLVILLE, NJ		MEDFORD, NJ
KENNETT SQUARE, PA				LIMERICK, PA				



PETER LUMBER COMPANY

PERSONAL RESPONSIBILITY AGREEMENT

Company Name: _____

Street Address: _____

P.O. Box: _____

Address: _____

City, State, Zip: _____

Each of the undersigned hereby agrees that he is personally liable and responsible for the payment of all sums due Peter Lumber Company, for sale of merchandise to the above business. This personal liability and responsibility shall be a continuing one and shall include sales made to any successor corporation, partnership or proprietorship, if said sales were made during any period that each of the undersigned was an owner or a partner, or a stockholder, or corporate officer or director, or a business principal of any kind, or a manager, in successor.

****Please Type/Print Principals/Owners Name where indicated below****

(No titles)

X _____
Signature

(Print/Type Name above)

Home Address: _____

S.S.# _____

X _____
Signature

(Print/Type Name above)

Home Address: _____

S.S.# _____

Sworn to and Subscribed
before me this day

Date: ____ / ____ / ____

of:

-OR-

Peter Lumber Employee Witness

Notary Public

Print Employee Name

Signature