

APPLICATION FOR CREDIT

VON TOBEL CORPORATION

Office Use Only

By: _____

Date: _____

Approve _____ Disapprove _____

Von Tobel Lumber Co, Inc
P.O. Box 150
Valparaiso, IN 46384

Von Tobel Lumber & Hardware, Inc
319 N Earl Ave.
Lafayette, IN 47904

Von Tobel Lumber & Home Center, Inc
321 E U.S. Hwy 20
Michigan City, IN 46360

Von Tobel Lumber & Supply, Inc
P.O. Box 465
Scherverville, IN 46375

Von Tobel - Stevensville
2291 Glenlord Rd
Stevensville, MI 49127

PLEASE COMPLETE EACH SECTION (PRINT) AND SIGN BOTH SECTIONS ON REVERSE SIDE

Date Of Application: _____ Monthly Credit Line Requested: \$ _____ Salesperson working with: _____

Business Name/Individual: _____ Co-Applicant's Name: _____

Which best describes applicant: Individual _____ General Contractor _____ Subcontractor _____ Remodeler _____ Other _____

If not an individual: _____ If Corporation, or LLC, name & address of resident agent: _____

Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____

Financial Statement attached? Yes _____ No _____ If no, explain: _____

Have you ever filed for bankruptcy? Yes _____ No _____ If yes, when: _____

Would you like to receive periodic product updates by email? Y or N Email Address: _____

Street Address:	Applicant's Social Security #:	Co-Applicant's Social Security #:
City: State: Zip:	Applicant's Date of Birth:	Co-Applicant's Date of Birth:

How long at this address:	Circle Own Rent	Mortgage with:	Previous Address:
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Phone #: () -	Cell Phone #: () -	FAX #: () -
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Employer:	Employer's Address:	Employer's Phone #: () -
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Occupation:	Length of Employment Yrs. Months	Mo. Earnings:
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Co-Applicant's Employer:	Co-Applicant Employer's Address:	Co-Applicant Employer's Phone #: () -
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Co Applicant's Occupation:	Length of Employment Yrs. Months	Co-Applicant's Mo. Earnings:
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Name of Bank:	Phone #:	Contact Person:
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Trade References (3 references requested)

Name	Phone #	Years Doing Business	High Credit

If you are an individual building a new home, please answer the following questions:

What bank is handling your financing? _____

What is your Lot number, Subdivision and County? _____

Are you acting as your general contractor? _____ Yes _____ No If no, who is your General Contractor: _____

Do you wish any restrictions on your account? _____ Yes _____ No If yes, list names or message here: _____

Name of person who handles accounts payable _____ Company Phone Number _____ Ext _____

Is your company tax exempt? _____ Yes _____ No If Yes, please attach a tax exempt certificate.

PLEASE READ AND SIGN OTHER SIDE

TERMS AND CONDITIONS

THIS IS NOT A REVOLVING ACCOUNT; THEREFORE, EACH STATEMENT BALANCE IS DUE IN FULL BY THE 10TH OF THE MONTH. IT IS AGREED THAT THE BUYER WILL PAY ALL INVOICES IN ACCORDANCE WITH STATED TERMS AND INTEREST WILL BE ASSESSED ON DELINQUENT INVOICES AT THE RATE OF **1.5% PER MONTH (WITH A MINIMUM CHARGE OF \$1.00), COMPOUNDED MONTHLY**, TOGETHER WITH ANY COURT COST, ATTORNEY'S FEES AND COSTS OF COLLECTION THE SELLER MAY INCUR IN ENFORCING THE TERMS OF THIS AGREEMENT. IT IS AGREED BY THE BUYER THAT THIS OR ANY CONTEMPORANEOUS OR SUBSEQUENT AGREEMENT BETWEEN THE SELLER AND THE BUYER WILL BE GOVERNED AS TO VALIDITY, INTERPRETATION, CONSTRUCTION, EFFECT AND IN ALL OTHER RESPECTS BY THE LAWS OF THE STATE OF INDIANA.

THE BUYER FURTHER GRANTS TO THE SELLER A SECURITY INTEREST IN BUYER'S EQUIPMENT, CONTRACT RIGHTS, INVENTORIES, RECEIVABLES AND PROCEEDS OF SALES AS COLLATERAL TO SECURE THE BUYER'S PERFORMANCE OF ALL OBLIGATIONS TO THE SELLER. THE BUYER FURTHER AUTHORIZES THE SELLER TO FILE A FINANCING STATEMENT TO PROTECT THE SECURITY INTEREST OF THE SELLER. AS A SECURED PARTY, THE SELLER HAS ON DEFAULT THE RIGHT TO TAKE POSSESSION OF THE COLLATERAL. IN TAKING POSSESSION, THE SELLER MAY PROCEED WITHOUT JUDICIAL PROCESS IF IT CAN BE DONE WITHOUT BREACH OF THE PEACE OR MAY PROCEED BY ACTION IN ACCORDANCE WITH U.C.C. #9-503.

CONTRACTOR CUSTOMERS AGREE TO PROVIDE LEGAL DESCRIPTION, AS WELL AS PROPERTY OWNER'S NAME AND MAILING ADDRESS, FOR EACH PARCEL OF PROPERTY THAT MATERIAL IS BEING SUPPLIED TO.

I HEREBY AUTHORIZE THE BANK AND TRADE REFERENCES LISTED ON THIS CREDIT APPLICATION TO RELEASE THE INFORMATION NECESSARY TO ASSIST VON TOBEL CORPORATION IN ESTABLISHING A LINE OF CREDIT.

APPLICANT/OFFICER'S SIGNATURE	DATE	CO-APPLICANT/OFFICER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME		CO-APPLICANT'S PRINTED NAME	

PERSONAL GUARANTY:

IN CONSIDERATION FOR SELLER, VON TOBEL CORPORATION, EXTENDING CREDIT AT OUR REQUEST TO **(COMPANY NAME ON FRONT SIDE):** _____ (HEREIN-AFTER REFERRED TO AS THE "BUYER"). I HEREBY AND UNCONDITIONALLY PERSONALLY GUARANTEE THE FULL AND FUNCTIONAL PAYMENT OF ANY OBLIGATION OF THE BUYER AND I HEREBY BIND MYSELF TO PAY ON DEMAND ALL SUM, INCLUDING ALL COSTS OF COLLECTION AND REASONABLE ATTORNEY'S FEES, WHICH MAY BECOME DUE BY THE BUYER WHENEVER THE BUYER SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTY SHALL BE A CONTINUING AND IRREVOCABLE GUARANTY AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE BUYER. I DO HEREBY WAIVE NOTICE OF DEMAND, PROTEST OR DEFAULT AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED.

SOCIAL SECURITY NUMBER	DATE OF BIRTH	GUARANTOR (PERSONAL SIGNATURE ONLY, NO CORPORATE TITLE)
SOCIAL SECURITY NUMBER	DATE OF BIRTH	CO-GUARANTOR (PERSONAL SIGNATURE ONLY, NO CORPORATE TITLE)
SOCIAL SECURITY NUMBER	DATE OF BIRTH	CO-GUARANTOR (PERSONAL SIGNATURE ONLY, NO CORPORATE TITLE)