KELLY-FRADET® LUMBER

APPLICATION FOR ACCOUNT

version 2025.05.23

*** APPLICATION TYPE** Choose one ◯ BUSINESS ◯ PERSONAL

*** ACCOUNT TYPE** Choose one ◯ CREDIT ◯ PRE-PAID ◯ CASH

BUSINESS ACCOUNT INFORMATION

* INDICATES MANDATORY FIELDS

Business Accounts Only

* BUSINESS NAME: _____ * FEDERAL I.D.#: _____

* BUSINESS TYPE: ◯ Limited Liability Company (LLC) ◯ S-Corp ◯ Sole Proprietorship Other _____

* BUSINESS ADDRESS: _____ * CITY: _____ * STATE: _____ * ZIP: _____

☐ SAME AS ABOVE

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

* BUSINESS PHONE: _____ * MOBILE#: _____

* BUSINESS EMAIL: _____

GUARANTOR / PRINCIPAL or PERSONAL ACCOUNT INFORMATION

* INDICATES MANDATORY FIELDS

All Accounts

* 1. NAME: _____ * *Credit Accts Only* SOC. SEC.#: _____

* ADDRESS: _____ * CITY: _____ * STATE: _____ * ZIP: _____

* MOBILE#: _____ PHONE# _____

* EMAIL: _____

Optional If Necessary

2. NAME: _____ *Credit Accts Only* SOC. SEC.#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MOBILE#: _____ PHONE#: _____

EMAIL: _____

BANK REFERENCES

Credit Accounts

1. NAME: _____ ADDRESS: _____ ACCOUNT # _____

2. NAME: _____ ADDRESS: _____ ACCOUNT # _____

3. NAME: _____ ADDRESS: _____ ACCOUNT # _____

CREDIT REFERENCES

Credit Accounts

1. NAME: _____ ADDRESS: _____ PHONE#: _____

2. NAME: _____ ADDRESS: _____ PHONE#: _____

3. NAME: _____ ADDRESS: _____ PHONE#: _____

ACCOUNT CONTACT INFORMATION

All Accounts

MAIN CONTACT ☐ SAME AS GUARANTOR / PRINCIPAL

NAME: _____ EMAIL: _____

MOBILE#: _____ PHONE#: _____

Optional

BILLING CONTACT ☐ SAME AS ABOVE

NAME: _____ EMAIL: _____

MOBILE#: _____ PHONE#: _____

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ACCOUNT PREFERENCES FOR ALL ACCOUNT TYPES

* INDICATES MANDATORY FIELDS

* **WOULD YOU PREFER HAVING YOUR ACCOUNT REQUIRE AN "AUTHORIZED TO CHARGE" OPTION?** ◯ NO ◯ YES IF YES, FILL OUT INFORMATION BELOW.

If you choose to have a List of Authorized users, Kelly Fradet Lumber Inc will only allow the people on the list to; purchase materials In store, request a delivery; have access to account information. It is the account holders responsibility to inform Kelly Fradet Lumber Inc of any changes to this list; new or terminated users

NAME: _____ MOBILE#: _____ EMAIL: _____

NAME: _____ MOBILE#: _____ EMAIL: _____

NAME: _____ MOBILE#: _____ EMAIL: _____

* **WOULD YOU PREFER HAVING ALL YOUR INVOICES EMAILED?** ◯ NO ◯ YES SEE BELOW FOR EXPLANATION OF PROCESS.

If you choose to have your invoices emailed, Kelly Fradet Lumber Inc will send you a copy of an invoice upon material pick-up or after it has been delivered. If you choose not to have invoices emailed, you will only receive a paper invoice upon material pickup. It is Kelly Fradet Lumber Inc's policy to never send invoices on deliveries, the only copy of a delivery invoice will come with your monthly statement

* **WOULD YOU PREFER HAVING ALL YOUR MONTHLY STATEMENTS EMAILED?** ◯ NO ◯ YES SEE BELOW FOR EXPLANATION OF PROCESS.

If you choose to have your statements emailed, Kelly Fradet Lumber Inc will send your statement and copies of invoices for the month, to your emailon the 28th of the month. If you choose not to have statements emailed Kelly Fradet Lumber Inc will send a paper statement and paper copies of your invoices for the month through regular mail. If you choose emailed statements, you can not receive a mailed paper statement.

* **DO YOU USE PURCHASE ORDERS ON YOUR INVOICES?** ◯ NO ◯ YES

* **IS YOUR ACCOUNT TAX EXEMPT?** ◯ NO ◯ YES IF YES, PLEASE ATTACH APPROPRIATE DOCUMENTATION TO THIS APPLICATION:

In order for an account to be set as tax exempt Kelly Fradet Lumber Inc will require all supporting documentation proving exempt status. If not provided Kelly Fradet Inc will charge any and all applicable taxes

Attention Credit Applicants: Please ensure this application is fully signed, as incomplete applications will not be processed.

CREDIT TERMS AND CONDITIONS

* INDICATES MANDATORY FIELDS

Credit Accounts Only

Authorization to Obtain Credit Report

* ☐ BY CHECKING THIS BOX, YOU UNDERSTAND THAT YOU ARE PROVIDING 'WRITTEN INSTRUCTIONS' UNDER THE FAIR CREDIT REPORTING ACT AUTHORIZING KELLY FRADET LUMBER INC TO OBTAIN INFORMATION FROM YOUR PERSONAL CREDIT PROFILE OR OTHER INFORMATION FROM A CONSUMER REPORTING AGENCY. YOU AUTHORIZE KELLY FRADET LUMBER INC TO OBTAIN SUCH INFORMATION SOLELY FOR YOUR APPLICATION FOR CREDIT.

Payment Terms

KELLY FRADET LUMBER INC WILL ISSUE YOU A MONTHLY STATEMENT. BILLING CYCLE ENDS EACH MONTH AT THE CLOSE OF BUSINESS ON THE 28TH OF EACH MONTH. ALL PAYMENTS ARE DUE NO LATER THAN THE CLOSE OF BUSINESS ON THE 28TH OF THE FOLLOWING MONTH. ACCOUNTS HAVING BALANCES OVER 30 DAYS WILL BE PUT ON CREDIT HOLD UNTIL PAYMENT IS RECEIVED, AT WHICH TIME CREDIT PRIVILEGES MAY BE REINSTATED. ACCOUNTS HAVING BALANCES OVER 60 DAYS MAY BE CONSIDERED FOR COLLECTION. ACCOUNTS MAY ALSO BE REPORTED TO CREDIT BUREAUS AND OTHER PARTIES WHO MAY LAWFULLY RECEIVE SUCH INFORMATION. ACCOUNTS OVER 30 DAYS ARE SUBJECT TO A 1.50% MONTHLY FINANCE CHARGE ON THE UNPAID BALANCE. (ANNUAL PERCENTAGE RATE: 18%)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND HEREBY GIVE PERMISSION TO KELLY FRADET LUMBER INC TO VERIFY THE ABOVE INFORMATION- I HAVE READ AND FULLY UNDERSTAND THE CREDIT TERMS AND CONDITIONS AND AGREE TO THE PROMPT PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. I UNDERSTAND THAT ALL COLLECTION COSTS AND REASONABLE ATTORNEY FEES INCURRED BY KELLY FRADET LUMBER INC IN THE COLLECTION OF MONIES OWED WILL BE MY RESPONSIBILITY.

* **SIGNATURE** _____ * **DATE:** _____

PERSONAL GUARANTEE

IN CONSIDERATION FOR THE GRANTING OF CREDIT TO THE ABOVE NAMED ENTITY, THE UNDERSIGNED INDIVIDUAL HEREBY PERSONALLY AND UNCONDITIONALLY GUARANTEES PAYMENT OF ANY AND ALL OBLIGATIONS, INCLUDING BUT NOT LIMITED TO ALL PURCHASES UP TO AND EXCEEDING THE CREDIT EXTENDED; PLUS ANY COLLECTION COSTS AND REASONABLE ATTORNEY FEES. THIS GUARANTEE WILL CONTINUE UNLESS TERMINATED IN WRITING.

* **SIGNATURE** _____ * **DATE:** _____

PREFERRED KELLY-FRADET STORE: _____ **REQUESTED CREDIT LIMIT:** _____

PREFERRED KELLY-FRADET OUTSIDE SALES PERSON: _____

INTERNAL USE ONLY:

APPLICATION RECEIVED BY: _____ **AMOUNT NEEDED?** $ _____

IS THIS ACCOUNT FOR A SPECIFIC PROJECT? NO YES TYPE OF PROJECT? _____

SHIP TO ADDRESS FOR PROJECT: _____

OWNER OF LAND FOR PROJECT: _____

APPROVED: NO YES CREDIT LIMIT: Assigned Store: Assigned Salesperson: