

Complete Supply, Inc.

QUALITY WHOLESALE BUILDING PRODUCTS
ROOFING • SIDING • SOFFIT • GUTTERS

Date: _____

Name of Company: _____

Year Business Started: _____

Business Phone: Primary (____) _____ Fax (____) _____ Other (____) _____

E-mail Address: _____

Street Address: _____ City & State: _____ Zip Code: _____

Type of Business: () Proprietorship () Partnership () Corporation

Proposed Credit Limit: \$ _____

Approved Credit Limit: \$ _____

Resale Tax # _____

Financial Statement: () Attached () Forthcoming

Name & Address of Owners/Officers:

_____ () Owns () Rents

_____ () Owns () Rents

Social Security Number: _____

Driver's License Number: _____

Primary Contact at your Company: _____

Accounts Payable Manager / Controller / Bookkeeper: _____

Please indicate if you would like your statements or invoices fax or emailed.

E-mail Address: _____ Fax: _____

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I hereby authorize and direct _____ to make known and disclose to: _____ (Name of Bank or Savings & Loan)

Complete Supply, Inc.
835 79th Street
Willow brook, IL 60521

All and whatever information it may possess concerning my Savings Account number _____ and/or Checking Account number _____.

Signature: _____ Date: _____

Address: _____

I hereby authorize and direct _____ to make known and disclose to: _____ (Name of Bank or Savings & Loan)

Complete Supply, Inc.
835 79th Street
Willow brook, IL 60521

All and whatever information it may possess concerning my Savings Account number _____ and/or Checking Account number _____.

Signature _____ Date: _____

Address _____

Type of Account _____

Date Opened _____

of NSF Checks _____

Current Balance _____

Qtrly. Average Balance _____



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Name & Address of Banks (PLEASE COMPLETE BANK AUTHORIZATION FORM ATTACHED)

1. _____

2. _____

Checking Account # _____

Savings Account # _____

Loan Account # _____

Personal Credit Cards (Name & Number)

1. _____ 2. _____

Customer Presents Suppliers: Address: Phone #

AGREEMENT:

WE BELIEVE THAT OUR FIRM IS AND WILL CONTINUE TO BE FINANCIALLY ABLE TO MEET ANY COMMITMENTS WE HAVE MADE OR MAY MAKE. WE WILL PAY YOUR INVOICES ACCORDING TO YOUR TERMS. WE UNERSTAND THAT A MONTLY SERVICE CHARGE OF 2% WILL BE ASSESSED ON PAST DUE INVOICES AND WE AGREE TO PAY SUCH SERVICE CHARGES WHEN BILLED. IN THE EVENT THAT ANY COLLECTION ACTION IS BROUGHT AGAINST THIS ACCOUNT, WE AGREE PAY ALL COST AND RESONABLE ATTORNEY FEES. IF YOU OBJECT TO ANY INVOICE CHARGE OR THE QUALITY OF ANY PRODUCT DELIEVERED TO YOU BY COMPLETE SUPPLY, INC., YOU MUST NOTIFY US IN WRITING WITHIN 10 DAYS OF THE DATA OF THE OR INVOICE STATEMENT OF ACCOUNT OR DELIVERY.

- You give us permission to contact consumer credit reporting agencies and all related trade references to verify your credit worthiness.
If it's necessary to enforce collection, we agree to pay all costs of collection including actual court costs, agency costs and attorney fees.
Your credit limit may be increased or decreased at the discretion of Complete Supply, Inc., without any notice or without affecting any personal guarantees.

(SALESMAN)

(CUSTOMER SIGNATURE & TITLE)