APOLLO SIDING SUPPLY INC.

38396 APOLLO PKWY. WILLOUGHBY, OH 44094 (PH) 440-942-4647 (FAX) 440-942-4878

CUSTOMER CREDIT APPLICATION

COMPANY NAME:	<u></u>			
ADDRESS:				
CITY:	STATE:	ZIPCODE:		
PHONE:	FAX: _			
EMAIL:				
TAX EXEMPT#	PLEASI	E SEND CERTIFICATE OF EXEMPTION.		
FINANCIAL STATEMENT: []				
TYPE OWNERSHIP: [] CORPO				
		YEARS IN BUSINESS:		
FEDERAL TAX I.D. #	ACCT	ACCTS. PAYABLE CONTACT:		
	OWNERS/PAR	<u>ETNERS</u>		
NAME:	NA	AME:		
TITLE:	TI	TITLE:		
		S#		
DRIVER LICENSE #	DI	DRIVER LICENSE #		
		OME ADDRESS:		
HOME PHONE:		_ HOME PHONE:		
CELL PHONE:	C	ELL PHONE:		
BANK REFERENCE	PEC	PLE AUTHORIZED TO USE ACCOUNT		
NAME:		NAME:		
ADDRESS:		NAME:		
ACCOUNT:		NAME:		
		NAME:		
PHONE:	I	NAME:		
	ACCOUNT REF	ERENCES		
COMPANY:		MPANY:		
ADDRESS:		DRESS:		
	AD	DRESS		
PHONE #	PH	ONE #		
FAX#	FA	X#		

CREDIT POLICY AND DISCLOSURE

As partial consideration for extension of credit to us, for the firm and ourselves, jointly and severally agree that all purchases are due and payable in accordance with the invoice terms.

We understand that our payment to you is not conditioned on payment being made to us by any third party. A 2% per month service charge or interest at the maximum allowable rate will be paid on any account balance, which is past due. If our principal place of business is outside the state of Ohio, we agree to be bound by the service charge of 2% per month or interest at the maximum allowable under Ohio law, and hereby waive any provision of the laws of the state in which we have our principal place of business and agree that the state of Ohio will govern this agreement. Apollo Siding Supply Inc. reserves the right to withdraw credit and may, without notice, place any account on a C.O.D. basis and require payments to be made by cash, check or credit card.

Whenever we receive goods, wares, or merchandise from **Apollo Siding Supply Inc.** we will inspect the same and make any claim for shortages or other nonconformity within 24 hours.

We agree, however that when a claim for shortages or nonconformity is made that we still be required to pay each and every other invoice or portion or any invoice outstanding which does not directly relate to the claim for shortage or other nonconformity.

It is understood that any amount past due may be turned over for appropriate action to effect collection and we are responsible for reasonable attorney fees and collection fees incurred in connection therewith. All such collection proceedings may be maintained in Lake County, Ohio. It is further understood that **Apollo Siding Supply Inc.** may in accordance with Ohio law, serve and file all required mechanics liens and/or bond notices if the property to which that material is being delivered is outside the state of Ohio. It is further understood that **Apollo Siding Supply Inc.**, may serve and /or file any liens and or notices as allowable under the laws of the state in which the real property is located.

We agree to notify Apollo Siding Supply Inc. immediately in the event of a change of ownership in the form of our business, we further agree that any goods or merchandise purchased from Apollo Siding Supply Inc., shall remain the property of Apollo Siding Supply Inc. until payment is received for said merchandise and goods by Apollo Siding Supply Inc. We further agree to provide updated information to you from time to time as you may request.

As an authorized representative of the firm below, I have read and understand the above terms and conditions and by my signature, agree to abide by the same.

Firm Name:	Date:
Signature:	Title:
Print Name:	
	of credit by Apollo Siding Supply Inc. to the above name entity, they guarantees the prompt and full payment of all amounts due to Apo
Name:	S/S #
Signature:	Date:
Print Name:	

APOLLO SIDING SUPPLY INC. 38396 APOLLO PARKWAY WILLOUGHBY, OH 44094 PH 440-942-4647 FAX 440-942-4878

JOINT PERSONAL GUARANTY

	Date:		
We,	and	, spouse,	
residing at	****	, for and in consideration of	
your extending at our request credit to			
(herein referred to as the "Company", of v	Name of 0 which	Company) (Name)	
is, her	eby personally g	(Name) guarantee to you the payment at	
in the State of	of any ob	ligation of the Company and we	
hereby agree to bind ourselves to pay you	on demand any	sum which may become due to y	you
by the Company whenever the Company	shall fail to pay t	he same. It is understood that thi	İS
guaranty shall be a continuing and irrevoc	able guaranty ar	nd indemnity for such indebtedne	ess
of the Company. We do hereby waive of c	lefault, nonpayn	nent and notice thereof and conse	ent to
any modification or renewal of the credit a	agreement hereb	y guaranteed.	
Witness:	Signati	ure:	
Witness:	Signati	ure:	
Subscribed in my presence by	, this	day of,	
(Seal)			
		Notary Public	· · · · · · · · · · · · · · · · · · ·
]	My Commission Expires	