



Dear Business Credit Applicant,

Thank you for your interest in establishing a charge account with our company. We appreciate the prospect of assisting your business with all of your building and improvement needs.

Once the application is completed, return it in its entirety to the corporate credit department located at 4055 Santa Rosa Ave., Santa Rosa, CA 95407 or by facsimile to (707)584-0411 attn: New Accounts.

For protection against possible fraud, please include a copy of the signer's picture identification. In order to expedite the processing of your application, a rating letter from your bank for the accounts listed on the application would be beneficial.

Thank you again for your business, we look forward to launching a professional relationship with your organization.

Sincerely,

New Account Processing
Corporate Credit Department

Corporate Credit Department
4055 Santa Rosa Ave, Santa Rosa, CA 95407
Phone: 707.588.7682 ♦ Fax: 707.584.0411
Mailing Address: P.O. Box 2107, Rohnert Park, CA 94972-2107



4055 Santa Rosa Ave · Santa Rosa, CA 95407 · (707) 588-7683 · Fax (707) 584-0411

COMMERCIAL ACCOUNT APPLICATION

Account / Business Name: _____

DBA (if applicable): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Physical/ Shipping Address: _____ City: _____ State: _____ Zip: _____
(If different from billing address)

Phone No. () _____ Fax No. () _____ Cell No. () _____

Please check one:

<input type="checkbox"/>	Individual			
<input type="checkbox"/>	Partnership	State Filed: _____	County: _____	Date Filed: _____
<input type="checkbox"/>	Corporation	State Incorporated: _____	Date Filed: _____	Corporation Name: _____
<input type="checkbox"/>	Limited Liability Partnership			
<input type="checkbox"/>	LLC			

If a subsidiary or division, please give parent company name, address, and phone number:

Dun & Bradstreet (D&B) Number: _____

Nature of Business: _____ Date Started: _____ Annual Sales: _____

Name of Accounts Payable Contact: _____ Phone No.: () _____

Business Property Information: Owned _____ Leased _____ Renting _____

Name and Address of Mortgage Lender/ Landlord: _____

GIVE FULL NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS:

1. _____
NAME (first, middle, last) TITLE SOCIAL SECURITY NO. _____

STREET ADDRESS CITY STATE/ZIP HOME TELEPHONE NO. _____

2. _____
NAME (first, middle, last) TITLE SOCIAL SECURITY NO. _____

STREET ADDRESS CITY STATE/ZIP HOME TELEPHONE NO. _____

For your convenience, we offer an automatic faxed copy of every transaction. Please check if you would like to utilize this feature. Fax no. () _____

RESALE INFORMATION: Please request a resale form if your purchases are for resale.

BUSINESS CREDIT REFERENCES

1. Company: _____ Phone number:() _____
Account #: _____ Fax number: () _____
2. Company: _____ Phone number:() _____
Account #: _____ Fax number: () _____
3. Company: _____ Phone number:() _____
Account #: _____ Fax number: () _____
4. Company: _____ Phone number:() _____
Account #: _____ Fax number: () _____

CONTRACTORS ONLY

Contractor License No.: _____ State Issued: _____ Expires: _____
Bonding Co.: _____ Bond No.: _____
Address: _____ Agent's Name: _____

CREDIT TERMS AND CONDITIONS OF FRIEDMAN BROS. HARDWARE

- 1. In consideration of extension of credit by Friedman Bros. Hardware (hereinafter referred to as Friedman's), I/we agree to the following terms and conditions. It is understood that all information, as stated by applicant, is accurate and confidential. It is agreed that in the event of any material change of corporate officers, partners, or financial condition, Friedman's will be notified in writing.
- 2. The undersigned agrees:
 - a) To provide their most current financial statement.
 - b) To pay all invoices from Friedman Bros. when due. TERMS: NET 10TH OF MONTH FOLLOWING PURCHASES.
 - c) Payment of invoices must be in the form of check, money-order, cash, or ATM card. Friedman's does not accept credit cards or debit cards as payment on account.
 - d) That service charges shall accrue at the rate of 18% per annum on the declining unpaid balances, or the maximum amount permitted by law, if lower. Applicant agrees to pay a service charge of \$25.00 or maximum allowed by law for each check returned by their bank.
 - e) To authorize trade references and banks listed on this application to provide Friedman's with any and all information requested and to authorize Friedman's to obtain credit reports on the applicant(s) or the principal(s) from sources of its choice, at any time, at Friedman's sole discretion.
 - f) To accept full responsibility for all invoices delivered direct or to the job sites by Friedman's delivery department or sales representatives.
 - g) To authorize Friedman's to release the account information to inquiring third party companies in regard to credit and payment history.
- 3. If this application is not approved in full or if any other adverse action is taken with respect to the applicant's credit with Friedman Bros. Hardware, the applicant has the right to request within 60 days of Friedman Bros. Hardware's notification of such adverse action, a statement of specific reasons of such action, which statement will be provided within 30 days of said request. The federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance programs; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Federal Trade Commission, Washington, D.C.
- 4. In the event of suit or any other legal and/or administrative action brought by the parties herein to enforce their legal right, the prevailing party thereunder is entitled to recovery of reasonable attorney's fees and court costs. Further, venue of said litigation shall be Sonoma County, State of California.

Signature _____ Name/Title: _____ Date: _____
OWNER / PARTNER / OFFICER OF CORPORATION PLEASE PRINT

Signature _____ Name/Title: _____ Date: _____
OWNER / PARTNER / OFFICER OF CORPORATION PLEASE PRINT

PERSONAL GUARANTY

I/we personally guarantee payment of any and all indebtedness of the above account, and agree to be bound by the above terms and conditions. This guarantee shall be absolute, continuing, and irrevocable, unless revoked in writing by certified mail and receipt is acknowledged by seller. In the event of suit or any other legal action necessary to enforce this guarantee, Friedman's is entitled to recovery of reasonable attorney fees and court costs. I/we authorized Friedman's to obtain a consumer credit report.

Signature _____ SSN: _____ Date: _____

Signature _____ SSN: _____ Date: _____

Monthly credit limit requested*

\$ _____

*SUBJECT TO REVIEW

FOR OFFICE USE ONLY
Approved by _____ Date _____
Credit limit \$ _____



Corporate Credit Department
4055 Santa Rosa Ave
Santa Rosa, CA 95407
V: 707.588.7683
F: 707.584.0411

DATE: _____ ACCOUNT NAME: _____

To Whom It May Concern:

Please furnish Friedman's a rating on my/our checking and/or savings account(s) and/or charge account with your firm for the purpose of establishing a charge account with their firm.

This form may be reproduced, faxed, or photocopied, and a copy shall be an effective consent as the original which I/we have signed.

Thank you,

CUSTOMER SIGNATURE

CUSTOMER SIGNATURE

NAME ON BANK ACCOUNT: _____

NAME OF BANK: _____ BRANCH LOC: _____

PHONE # () _____ FAX # () _____

NAME OF CONTACT: _____ DIRECT PHONE# _____

Checking Account No.: _____ Loan No.: _____

Savings Account No.: _____ Secured Unsecured

FOR BANK USE ONLY

DATE ACCOUNT OPENED: _____

AVERAGE BALANCE (PLEASE CIRCLE ONE) LOW MED HIGH 3 4 5 6 (FIGURES)

IS DEPOSIT ACCOUNT RELATIONSHIP SATISFACTORY? YES NO

DEPOSIT REMARKS: _____

IS A LINE OF CREDIT AVAILABLE? _____ LOANS? _____

REMARKS: _____

VERIFIED BY: _____

**PLEASE FAX BACK AT YOUR EARLIEST CONVIENENCE TO:
(707) 584-0411**

Rev 3/06

