



MADISON WOOD PRESERVERS, INC.
216 OAK PARK RD. MADISON, VA 22727
(540-948-6801)
APPLICATION FOR CREDIT

Name _____ Telephone _____ Date _____
 Street Address _____ PO _____
 _____ Box _____
 City _____ County _____ State _____ Zip _____
 _____ Code _____
 Nature of Business _____ No. of _____
 _____ Years _____

<p align="center">Corporation (List Officers Below)</p> President: _____ Address: _____ Vice Pres: _____ Address: _____ Registered Agent: _____ Address: _____	<p align="center">Partnership (List Partners Below)</p> 1. Partner: _____ Address: _____ 2. Partner: _____ Address: _____ 3. Partner: _____ Address: _____
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Individual:
 Wife's Name _____

 Wife's Employment _____ Position _____ No. of _____
 _____ Years _____
 Home: Owned Rented No. of Years _____ Mortgage Holder _____

Building Supply References & Phone Nos.			(This information is required)		
1	Tel.	Fax/Email			
2	Tel.	Fax/Email			
3	Tel.	Fax/Email			
4	Tel.	Fax/Email			

D&B DUNS (If available) _____
 Name of Bank _____ Person to Contact: _____
 Address _____ Tel. _____ Fax/Email _____

Statement: In consideration of credit being extended by Madison Wood Preservers, Inc., to me/us/it, I and/or we certify the truthfulness and veracity of the information appearing above, and I and/or we guarantee and bind ourselves to the faithful payment of all amounts now owed or to be Incurred, by me or either of us, or any other person, firm or corporation for our benefits. ** If credit is extended to a corporation in which we or either of us or I am an officer, or in which an interest exist I and/or we will personally faithfully guarantee the payment of all credit extended to said corporation.

Statement: In the event this account is placed in the hands of an attorney for collection or suit instituted to collect same or any portion thereof, I and/or we agree and promise to pay all attorney's fees.

Billing: Terms given on invoices .Each month if your account is not within terms as stated on invoice a finance charge will be added in the amount of 2% calculated on the past due amount.

(NOTE: IT IS IMPORTANT THAT YOU THOROUGHLY READ BEFORE SIGNING.)

<p>Full Legal Name of Company: _____ _____ _____</p> <p>Date: _____</p>	<p>Signature of Officer or Owner: _____ Printed Name from Above: _____ ** Guarantor(s) Sign: _____ Print: _____</p>
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(For Office Use Only)

Credit Limit: _____ Terms: _____ Approved by: _____