



MEDFORD YARD

P.O. Box 1449
Rt. #70 East
Medford, NJ 08055
(609) 654-4143
Fax (609) 953-1783

DuBELL KITCHENS

VINELAND

270 N. Orchard Rd.
Vineland, NJ 08360
(856) 692-7100
Fax (856) 692-1308

EGG HARBOR

6832 Black Horse Pike
Egg Harbor Twp., NJ 08234
(609) 272-3100
Fax (609) 272-3183

WINSLOW YARD

102 Rt #73
Cedar Brook, NJ 08018
(609) 567-2467
Fax (609) 567-9050

CHERRY HILL YARD

731 Cuthbert Blvd.
Cherry Hill, NJ 08002
(856) 665-9100
Fax (856) 665-6924

PLEASANTVILLE YARD

111 Devins Lane
Pleasantville, NJ 08232
(609) 641-2100
Fax (609) 641-4542

OFFICE USE ONLY

Date Rcv'd _____

Approved: _____

Yes No

Account #: _____

Type Account: _____

MNI/NUB Open

Corporation

Partnership

Individual

**FULLY COMPLETE. SIGN BOTH SIDES.
RETURN TO MEDFORD ADDRESS.**

ATTN W D Co 1602

Company Name		Telephone #	
Billing Address		Fax #	
City	State	Zip	Email Address
Years in Business	Person Responsible for Accounts Payable	Tax Exempt (Attach Tax Certificate) <input type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Order Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Agent	Attorney's Name	Address	

NAMES OF PRINCIPALS

	Name	Title	Home Telephone	Social Security #
1.	Home Address			
2.	Home Address			
3.	Home Address			

NOTE: IF APPLYING AS AN INDIVIDUAL, PROVIDE EMPLOYMENT INFORMATION

Employer Name	Telephone	# Years Employed:
Employer Address	Title	

ACTIVE TRADE REFERENCES - LIST PRESENT SUPPLIERS

	Name	Telephone	Account #
1.	Address		
2.	Address		
3.	Address		

Bank	Branch	Account #
Address	Telephone	

The above information is confidential. It is given for the purpose of obtaining credit and is warranted to be true. I agree to pay all invoices upon receipt of statement or as otherwise expressly agreed in writing. Finance charges of 1% per month (12% annually) will be added on all invoices not paid within our terms. I authorize DuBell Lumber to obtain needed information from the above trade and bank references and/or employer as part of their credit review process and I am authorized to sign this application on behalf of the company named. In addition, if there is a default by the credit applicant or the guarantors, I/we jointly and severally agree to pay associated collection costs, attorney's fees and court costs if the matter requires legal action to collect.

Date _____

Print name of person making application

DuBell Sale Representative and Sales #

Signature & title of person making application

For value received , I (We) hereby guarantee full payment of the account of :

(COMPANY NAME)

DATE

for all materials heretofore supplied or delivered or to be supplied or delivered by DuBell Lumber Company .

In addition, if there is a default by the credit applicant or the guarantors, I / We jointly and severally agree to pay associated collection costs (25%), attorney's fees and court costs if the matter requires legal action to collect. We also agree to fully comply with DuBell Lumber payment terms of Net 30 and understand that non compliance may result in a suspension of charge privileges.

It is agreed and understood that payment for materials supplied and delivered by corporate or partnership checks will not negate, supersede or in any way affect this guarantee. This guarantee is unconditional and continuous from the date first written above until written notice of termination is delivered to DuBell Lumber Company, by CERTIFIED MAIL.

SIGNED, SEALED AND DELIVERED

IN THE PRESENCE OF:

TO BE SIGNED BY ALL PRINCIPALS

S/S#

S/S#

S/S#

S/S#

DO NOT SHOW TITLE / POSITION

**DO NOT USE RUBBER STAMP
SIGNATURE**

**(DUBELL EMPLOYEE SIGNATURE
IF WITNESSED BY DUBELL EMPLOYEE)**

**Signature must be notarized or
witnessed by DuBell Lumber
employee)**