

MARCON INC. BUILDING SUPPLY

BUSINESS CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Name: _____ Title: _____
Company Name: _____
Phone: _____ Fax: _____ E-mail: _____
Registered Company Address: _____
City: _____ State: _____ ZIP Code: _____
Accounts Payable Contact: _____ Accounts Payable Phone: _____
Accounts Payable Email: _____
Statement Delivery Method: Print Email Email Invoices: Yes No

BUSINESS AND CREDIT INFORMATION

Sole Proprietorship Partnership Corporation Type of Business: _____
Date Business Commenced: _____ Years at Current Address: _____
Tax ID #: _____ Tax Exempt: Yes No *If yes, please include appropriate form*
Bank Name: _____ Bank Contact: _____
Bank Address: _____ Phone: _____
City: _____ State: _____ ZIP Code: _____
Type of Account: _____ Account Number: _____

Requested Credit Limit with Marcon Building Supply, Inc.:

BUSINESS/TRADE REFERENCES

Company Name:

Address: _____
Phone: _____ Fax: _____ E-mail: _____
Type of Account: _____ Credit Limit: _____

Company Name:

Address: _____
Phone: _____ Fax: _____ E-mail: _____
Type of Account: _____ Credit Limit: _____

Company Name:

Address: _____
Phone: _____ Fax: _____ E-mail: _____
Type of Account: _____ Credit Limit: _____

TERMS OF AGREEMENT

1. All invoices are to be paid within 30 days. Balances aging over 30 days are subject to interest charges at the rate of 2% per month until past due balances are satisfied. If customer charges becomes 60 days past due, a hold will be placed on the account until the past due balance is satisfied.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Marcon Building Supply, Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. Signee agrees to pay any and all legal expenses incurred in an attempt to collect past due payments.

SIGNATURES

I confirm that all information provided is complete and accurate to the best of my knowledge. I authorize Marcon Building Supply, Inc. to verify information from sources provided and to obtain credit information from local and/or national credit reporting agencies.

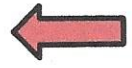
Signature of Business Owner or Officer: _____

Printed Name: _____

Title: _____

Date: _____

PLEASE RETURN COMPLETED APPLICATION VIA EMAIL, FAX OR MAIL.
Email: accounts@marconbuildingsupply.com Fax: 724-329-0985
Or mail to Marcon Building Supply, Inc. PO Box 37 Markleysburg, PA 15459



Marcon Building Supply, Inc

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____
Billing Street Address: _____
Street Address (cont.): _____
City: _____ State: _____ Postal Code: _____
Country: _____ Email _____
Address: _____
Direct Telephone: (____) _____ - _____

I authorize ongoing charges against my credit card for the following purpose:

Purpose: _____

I authorize a one-time charge against my credit card for the follow amount \$ _____

I authorize a recurring charge against my credit card for the following amount
\$ _____ once every _____ day(s)/week(s)/month(s)/year(s) beginning
____/____/____ and ending after _____ payments.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____