CONSUMER CREDIT APPLICATION

Instructions: The Applicant must complete Page 1 and sign the Contract To Purchase Form. If the applicant is relying on the assets or income of another person to repay the credit requested, or if another person will be permitted to use the credit or will be contractually liable to repay the credit, that person should complete Page 2 and also sign the Contract To Purchase Form.

Hamar Quandt Co.
D/B/A 41 Lumber
P.O. Box 139
Quinnesec, MI 49976

INFORMATION ABOUT THE APPLICANT

(PLEASE PRINT)

PROJECT SP_____PL_____MI_____CL_____

TELL US ABOUT YOURSELF

YOUR NAME FIRST	MIDDLE	LAST	CREDIT LIMIT REQUESTED $

YOUR HOME ADDRESS NUMBER & STREET	CITY	STATE	ZIP CODE

DATE OF BIRTH	SOCIAL SECURITY NUMBER

HOME PHONE *(Include Area Code)*	CELL PHONE	E-MAIL ADDRESS

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	PHONE NO.

TELL US ABOUT YOUR JOB

YOUR EMPLOYER	HOW LONG HAVE YOU WORKED HERE?	YOUR CURRENT POSITION	EMPLOYER'S PHONE NUMBER

YOUR EMPLOYER'S ADDRESS NUMBER & STREET	CITY	STATE	ZIP CODE

YOUR PREVIOUS EMPLOYER	HOW LONG DID YOU WORK THERE?	YOUR PREVIOUS POSITION

TELL US ABOUT YOUR INCOME

MONTHLY TAKE HOME PAY $	OTHER MONTHLY INCOME* $	SOURCE OF OTHER INCOME

ADDITIONAL INFORMATION: ****YOU DO NOT HAVE TO DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE IF YOU DO NOT WANT THIS INCOME CONSIDERED IN DETERMINING YOUR CREDIT WORTHINESS.***

TELL US ABOUT JOINT APPLICANT

YOUR NAME FIRST	MIDDLE	LAST		
YOUR HOME ADDRESS NUMBER & STREET		CITY	STATE	ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER			
HOME PHONE *(Include Area Code)*	CELL PHONE	E-MAIL ADDRESS		
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU				

TELL US ABOUT JOINT APPLICANTS JOB

YOUR EMPLOYER	HOW LONG HAVE YOU WORKED HERE?	YOUR CURRENT POSITION	EMPLOYER'S PHONE NUMBER	
YOUR EMPLOYER'S ADDRESS NUMBER & STREET		CITY	STATE	ZIP CODE
YOUR PREVIOUS EMPLOYER	HOW LONG DID YOU WORK THERE?	YOUR PREVIOUS POSITION		

TELL US ABOUT JOINT APPLICANTS INCOME

MONTHLY TAKE HOME PAY	OTHER MONTHLY INCOME*	SOURCE OF OTHER INCOME
$	$	

ADDITIONAL INFORMATION: **YOU DO NOT HAVE TO DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE IF YOU DO NOT WANT THIS INCOME CONSIDERED IN DETERMINING YOUR CREDIT WORTHINESS.*

CONTRACT TO PURCHASE

_____, "Buyer," agrees to purchase from

_____, "Seller," products sold by Seller on open account. Buyer agrees to the following terms:

1. **TERMS OF PAYMENT: Buyer agrees to pay in full all charges by the tenth (10) day of the month following purchase. On all amounts more than five (5) days past due, Seller shall be entitled to levy a service charge of 1.7% per month (20.4% annual percentage rate) or the maximum service charge allowed to be assessed under the laws of the State of Michigan, whichever is lesser, on all past due amounts. Buyer acknowledges that the service charge represents a time-price differential which constitutes part of the purchase price.**

2. **Buyer and any other co-applicant agree to pay Seller all costs and expenses, including actual attorney fees, incurred by Seller in collecting amounts due under this Contract to Purchase along with all service charges which accrue at the rate stated in the TERMS OF PAYMENT until the account is paid in full.**

3. **OTHER PROVISIONS: 1) A Notice of Commencement must be furnished upon request of the Seller. Lien Waivers will be furnished only upon complete and full payment of accounts. 2) Failure to pay by the due date voids all quotations and price agreements between the Seller and the Buyer. 3) All credit terms are subject to change without notice as may be printed on the back of Hamar-Quandt Co. invoices. 4) A Hamar-Quandt Co. account will have a maximum credit limit established. Hamar-Quandt Co. may from time to time allow balances to exceed the maximum limit. An allowance to exceed does not change the maximum credit limit established for the account nor require Hamar-Quandt Co. to allow future balances to exceed the limit. This maximum limit may be changed at any time by Hamar-Quandt Co.**

DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT, OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT. To the best of my knowledge, everything that I (we) have stated in this application is correct. I (We) understand that you will retain this application whether or not it is approved. I (We) further authorize you to check my credit and employment history and answer questions about your credit experience with me. BY SIGNING THIS APPLICATION, I (WE) AGREE TO ABIDE BY THE TERMS OF THE CONTRACT TO PURCHASE AND ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT.

Applicant's Signature _____ Date_____ Co-Applicant's Signature _____ Date_____

COMMERCIAL CREDIT APPLICATION

Instructions: The following information is submitted as a request to obtain an extension of credit. The applicant must complete this application in its entirety. An incomplete application will not void the Contract to Purchase Form that the applicant must sign and any guarantor(s) may sign.

Hamar Quandt Co.
D/B/A 41 Lumber
P.O. Box 139
Quinnesec, MI 49976

INFORMATION ABOUT THE BUSINESS
(PLEASE PRINT)

SP_____ PL_____ MI_____ CL_____

TELL US ABOUT COMPANY

YOUR COMPANY NAME (Full Legal Name)			CREDIT LIMIT REQUESTED $
TYPE OF BUSINESS (Check A Box) [ ] CORPORATION [ ] PARTNERSHIP [ ] INDIVIDUAL OWNERSHIP STATE INCORPORATED IN:			
YOUR BILLING ADDRESS NUMBER & STREET	CITY	STATE	ZIP CODE
BUSINESS PHONE NUMBER (Include Area Code)	FAX:		TYPE OF BUSINESS
CELL PHONE:	E-MAIL ADDRESS:		HOW LONG IN BUSINESS?
BUSINESS IDENTIFICATION NUMBER(S) FEDERAL EMPLOYER I.D. NUMBER	BUILDER'S LICENSE NUMBER		SALES TAX EXEMPTION NUMBER
HAS YOUR COMPANY PURCHASED FROM US BEFORE? YES ____ NO ____			
IF YES, HOW MUCH DID YOUR COMPANY SPEND IN THE LAST MONTH? $ _____	IF YES, WHO IS YOUR SALESPERSON _____		

TELL US ABOUT YOUR COMPANY'S PARTNERS OWNERS AND OFFICERS

1. NAME	TITLE		SOCIAL SECURITY NUMBER
HOME ADDRESS NUMBER & STREET	CITY	STATE	ZIP CODE
2. NAME	TITLE		SOCIAL SECURITY NUMBER
HOME ADDRESS NUMBER & STREET	CITY	STATE	ZIP CODE
3. NAME	TITLE		SOCIAL SECURITY NUMBER
HOME ADDRESS NUMBER & STREET	CITY	STATE	ZIP CODE
4. NAME	TITLE		SOCIAL SECURITY NUMBER
HOME ADDRESS NUMBER & STREET	CITY	STATE	ZIP CODE

(Information about company continues on page two)

TELL US ABOUT YOUR COMPANY'S FINANCIAL OBLIGATIONS AND BANKING REFERENCES

INSTRUCTIONS: MY (OUR) COMPANY OWES THE FOLLOWING OBLIGATIONS AND NO OTHERS, (IF NONE, STATE "NONE"). LIST BELOW ALL DEBTS TO BANKS, CREDIT UNIONS, FINANCE COMPANIES, STORES, AND ALL OTHERS. USE AN ADDITIONAL SHEET IF NECESSARY. WHEN FILLING OUT TYPE OF LOAN INFORMATION, UTILIZE THE FOLLOWING ABBREVIATIONS: MORTGAGE - ML AUTO - AL CREDIT CARD - CC INSTALLMENT – IL COMMERCIAL – CL

1. NAME OF CREDITOR	**CITY/STATE**	**TYPE OF LOAN**
PHONE NUMBER	**MONTHLY PAYMENT**	**BALANCE OWING**
2. NAME OF CREDITOR	**CITY/STATE**	**TYPE OF LOAD**
PHONE NUMBER	**MONTHLY PAYMENT**	**BALANCE OWING**
3. NAME OF CREDITOR	**CITY/STATE**	**TYPE OF LOAN**
PHONE NUMBER	**MONTHLY PAYMENT**	**BALANCE OWING**
4. NAME OF CREDITOR	**CITY/STATE**	**TYPE OF LOAN**
PHONE NUMBER	**MONTHLY PAYMENT**	**BALANCE OWING**
5. NAME OF CREDITOR	**CITY/STATE**	**TYPE OF LOAN**
PHONE NUMBER	**MONTHLY PAYMENT**	**BALANCE OWING**
6. NAME OF CREDITOR	**CITY/STATE**	**TYPE OF LOAN**
PHONE NUMBER	**MONTHLY PAYMENT**	**BALANCE OWING**
7. NAME OF CREDITOR	**CITY/STATE**	**TYPE OF LOAN**
PHONE NUMBER	**MONTHLY PAYMENT**	**BALANCE OWING**
8. NAME OF CREDITOR	**CITY/STATE**	**TYPE OF LOAN**
PHONE NUMBER	**MONTHLY PAYMENT**	**BALANCE OWING**
BUSINESS CHECKING ACCOUNT NUMBER	**INSTITUTION AND BRANCH *(Include City and State)***	
BUSINESS SAVINGS ACCOUNT NUMBER	**INSTITUTION AND BRANCH *(Include City and State)***	

ARE YOU OR YOUR COMPANY A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT?	**IF YES, FOR WHOM?**	**BALANCE OWING**	**MONTHLY PAYMENT**
ARE THERE ANY UNSATISFIED JUDGEMENT AGAINST YOU OR YOUR COMPANY?	**IF YES, TO WHOM?**	**BALANCE OWING**	**MONTHLY PAYMENT**

HAVE YOU OR A COMPANY IN WHICH YOU HAVE BEEN A PRINCIPAL FILED FOR BANKRUPTCY IN THE LAST TEN ***Check One)***

Yes _____ **No** _____

CONTRACT TO PURCHASE

_____, "Buyer," agrees to purchase from

Hamar Quandt Co., d/b/a 41 Lumber, "Seller," products sold by Seller on open account. Buyer agrees to the following terms:

1. TERMS OF PAYMENT: Buyer agrees to pay in full all charges by the tenth (10) day of the month following purchase. On all amounts more than five (5) days past due, Seller shall be entitled to levy a service charge of 2.0% per month or the maximum service charge allowed to be assessed under the laws of the State of Michigan, whichever is lesser, on all past due amounts. Buyer acknowledges that the service charge represents a time-price differential which constitutes part of the purchase price.

2. Buyer represents that it is purchasing product from Seller on open account for business and/or commercial purposes.

3. If Buyer is a partnership, corporation, or other legal entity, by execution of this Contract, the undersigned representative of Buyer personally guarantees payment by Buyer to Seller. If a spouse or any other person, other than the Seller, signs this Contract as Guarantor, they also personally guarantee payment of all amounts owed by Buyer to Seller. Seller is not required to attempt to first collect from Buyer or repossess.

4. Buyer and any other guarantor agree to pay Seller all amounts due and costs and expenses, including actual attorney fees, incurred by Seller in collecting amounts due under this Contract to Purchase along with all service charges which accrue at the rate stated in the TERMS OF PAYMENT until the account is paid in full.

5. Seller retains a first security interest in all goods and products sold to secure payment of the purchase price. Seller will have all rights to repossess the goods under Michigan law if payment is not made when due.

6. OTHER PROVISIONS: 1) A Notice of Commencement must be furnished upon request of the Seller. Lien Waivers will be furnished only upon complete and full payment of accounts. 2) Failure to pay by the due date voids all quotations and price agreements between the Seller and the Buyer. 3) All credit terms are subject to change without notice as may be printed on the back of Hamar Quandt Co. invoices. 4) A Hamar Quandt Co. account will have a maximum credit limit established. Hamar Quandt Co. may from time to time allow balances to exceed the maximum limit. An allowance to exceed does not change the maximum credit limit established for the account nor require Hamar Quandt Co. to allow future balances to exceed the limit. This maximum limit may be changed at any time by Hamar Quandt Co.

DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT, OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT. To the best of my knowledge, everything that I (we) have stated in this application is correct. I (We) understand that you will retain this application whether or not it is approved. I (We) further authorize you to check my credit and employment history and answer questions about your credit experience with me. BY SIGNING THIS APPLICATION, I (WE) AGREE TO ABIDE BY THE TERMS OF THE CONTRACT TO PURCHASE AND ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT.

Buyer:

NAME OF COMPANY: _____

PRINT YOUR NAME: _____

REPRESENTATIVE: _____ (Signature)

TITLE: _____ DATE: _____

Guarantors for Buyer:

PRINT NAMES: 1) _____ 2) _____

SIGNATURES: 1) _____ 2) _____

ADDRESS: 1) _____ 2) _____

CITY/ST/ZIP: 1) _____ 2) _____

TELEPHONE: 1) _____ 2) _____

SS NUMBER: 1) _____ 2) _____

DATE 1) _____ 2) _____