

APPLICANT'S BACKO	GROUND				
Applicant's Name		Division of			
Billing Address		City	State	Zip Code	
Physical Address		City	State	Zip Code	
Telephone Number	Fax Number	E-mail			
Trade Names					
Please list all business loc	ations. Attach a separate shee	t if necessary.			
Business Location 1		Division of			
Billing Address		City	State	Zip Code	
Telephone Number	Fax Number	E-mail			
Business Location 2		Division of			
Dusiness Location 2					
Billing Address		City	State	Zip Code	
billing Address			State		
	Fau Number	F			
Telephone Number	Fax Number	E-mail			
Yes No Has any o	of the above filed for bankrupto				
Date	Docket Number	Court with whom said bankruptcy petition was filed			
	S/OFFICERS/SHAREHOLD			·	
Owner/Partner/Officer/S	hareholder 1	Title	Social Secur	ity Number	
Address			Telephone I	Number	
Owner/Partner/Officer/S	hareholder 2	Title	Social Secur	Social Security Number	
Address			Telephone I	Telephone Number	
Owner/Partner/Officer/Shareholder 3		Title	Social Secur	Social Security Number	
Address			Telephone I	Number	

BANKRUPTCY REPOR	RTING				
		in the last 10 years? If yes, pleas			
Date	Docket Number	Court with whom said bankruptcy petition was filed			
CONTACTS					
Controller		Credit Information			
Purchasing		Accounts Payable			
TYPE OF BUSINESS					
Corporation					
Date of Corporation	In What State	Taxpayer's Identification Number			
Partnership					
Date Started	Limited or General	Social Security Number			
Proprietorship	1				
Date Started	Social Security Number	r			
BANK REFERENCES					
Bank Name 1	Telephone Number	Fax Number	Account Nu	umbers	
Address		City	State	Zip Code	
Bank Name 2	Telephone Number	Fax Number	Account Nu	umbers	
Address		City	State	Zip Code	
		,			
BONDING AND SURE	TV				
Bonding Agent	Representative	Telephone Number	Fax Number		
bonding Agent	Representative				
Address		City	State	Zip Code	
Address			State		
SALES OR USE TAX IN					
	ard Sales Tax Exemption Certifica				
State Sales and Use Tax Pe	ermit Number	Name of State			
SALES OR USE TAX IN					
Name 1	Telephone Number	Fax Number	E-mail Add	ress	
Address		City	State	Zip Code	

	AX INFORMATION (CONTINUE			
Name 2	Telephone Number	Fax Number	E-mail Address	
Address		City	State	Zip Code
Address			State	
Name 3	Telephone Number	Fax Number	E-mail Address	
Address		City	State	Zip Code
Name 4	Telephone Number	Fax Number	E-mail Address	
Address		City	State	Zip Code
TRADE REFEREN	CES			
Name 1	Telephone Number	Fax Number	E-mail Address	
Address		City	State	Zip Code
Name 2	Telephone Number	Fax Number	E-mail Address	
Address		City	State	Zip Code
Name 3	Telephone Number	Fax Number	E-mail Address	
Address		City	State	Zip Code
Name 4	Telephone Number	Fax Number	E-mail Address	
Address	*	City	State	Zip Code

OTHER AGREEMENTS

- A. Applicant hereby authorizes and grants to L. S. Lee, Inc. the right to inquire of any and all trade and bank references as Seller deems necessary to verify the credit and financial responsibility of Applicant. All information to be held in confidence by L. S. Lee, Inc. Applicant authorizes any bank or banks at which it maintains accounts to furnish to Seller, or Seller's authorized agent(s), on request, from time to time, information regarding Applicant's account balances and the persons authorized to draw on the accounts.
- B. No term or condition contained herein or in any purchase order, offer, or other communication to the Seller shall be valid and binding upon the Seller, unless specifically set forth by the Seller in an individualized acknowledgement, signed by the Seller or unless said term or condition is identical to the written terms and conditions of the sale of Seller.
- C. Applicant acknowledges that all shipments, deliveries, and performance of work by Seller for Applicant shall at all times be subject to approval by Seller's credit department. Seller may at any time, in its own discretion, decline to make any shipment or delivery or perform any work except upon receipt of payment or security or upon terms and conditions satisfactory to Seller's credit department. Additionally, Applicant agrees to pay to Seller a service charge equal to 1.5% per month or the legal maximum rate for which the parties may lawfully contract for all invoices not paid within Seller's terms.

Quality - Service - Integrity - Safety

OTHER AGREEMENTS (CONTINUED)

- D. Applicant further agrees that in the event that Seller institutes legal proceedings to collect any indebtedness which Applicant has failed timely to pay to Seller, or if Seller, in its sole discretion, deems it necessary to retain counsel, refer to a collection service or undergo any other cost or expense in an effort to collect a balance that has not timely been paid by Applicant, Applicant promises to reimburse Seller for the reasonable costs and expenses incurred by Seller, including reasonable attorney's fees, court costs, collection fees, filing fees, etc. Additionally, Applicant agrees that if any check accepted by Seller for payment of Applicant's account is returned unpaid by any bank for any reason, Applicant agrees to pay to seller a fee of \$25.00 to cover the expense of recovering that payment.
- E. Seller represents and warrants that all of the information contained in this application, or furnished to seller in connection herewith, is true and complete. Applicant understands that credit may be extended in reliance upon the statements or financial information that may from time to time be furnished to Seller. Applicant represents and warrants that this is a commercial account and that no purchase hereunder shall be deemed a retail/consumer purchase as defined by the laws of The State Of Pennsylvania.
- F. The terms and conditions contained within this credit application and agreement are binding upon Applicant, all signatories herein, all guarantors, and their heirs, administrators, executors, successors, personal representatives and assigns, and shall inure to the benefit of Seller, its heirs, successors, personal representatives and assigns.

SIGNATURES			
Applicant	Print Name	Title	Date
Attest/Witness	Print Name	Title	Date

PLEASE FAX COMPLETED APPLICATION TO -Pennsylvania\Maryland Division: Virginia Division: FAX: (717) 854-8000 (804) 743-0888 E-MAIL (PDF FORMAT): info@LSLee.com LeeRichmond@LSLee.com