

1401 St. Charles Rd., Maywood, IL 60153
 (708) 343-1515 Fax: (708) 343-1101

credit@aetnaplywood.com

<input type="checkbox"/> Maywood, IL	<input type="checkbox"/> Lexington, KY	<input type="checkbox"/> Indianapolis, IN	<input type="checkbox"/> Rockford, IL	<input type="checkbox"/> White Bear Lake, MN
Legal Name of Business:			<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
			<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corp. LLC
Years in Business:	Number of Employees:	Federal Identification Number (EIN):	<input type="checkbox"/> Taxable	
			<input type="checkbox"/> Tax Exempt (<i>tax exempt certificate required</i>)	
Have you previously done business with Aetna Building Solutions? <input type="checkbox"/> Yes <input type="checkbox"/> No			Company Website:	
If yes, list your account number or last purchase: _____				

Business/Market Details (check all that apply):							
Primary Business Markets:	<input type="checkbox"/> Acoustical Ceiling & Drywall	<input type="checkbox"/> Arch. Millwork	<input type="checkbox"/> Architect	<input type="checkbox"/> Closets	<input type="checkbox"/> Contractor/Builder	Market Segments:	
<input type="checkbox"/> Countertop Manuf.	<input type="checkbox"/> Designer	<input type="checkbox"/> Door/Window Manuf.	<input type="checkbox"/> Exhibit Manuf.	<input type="checkbox"/> Furniture Manuf.	<input type="checkbox"/> Games		<input type="checkbox"/> Healthcare
<input type="checkbox"/> Hardwood Ply. Manuf.	<input type="checkbox"/> Home Builder	<input type="checkbox"/> Home Center/ Retail Lumber	<input type="checkbox"/> Hosp. Carp./ Maint. Shop	<input type="checkbox"/> Kitchen & Bath Cab. Manuf.	<input type="checkbox"/> Office Furn. Manuf.		<input type="checkbox"/> Education
<input type="checkbox"/> School Carp./ Maint. Shop	<input type="checkbox"/> Signs	<input type="checkbox"/> Stone Fabricator	<input type="checkbox"/> Store Fixtures/ POP/Display	<input type="checkbox"/> Other/Hobbyist: _____	<input type="checkbox"/> RV/Mobile Homes		<input type="checkbox"/> Food Service
Product Interests:	<input type="checkbox"/> Lumber	<input type="checkbox"/> Plywood	<input type="checkbox"/> HPL/TFL	<input type="checkbox"/> MDF/Particleboard	<input type="checkbox"/> Hardware	<input type="checkbox"/> Adhesives	
	<input type="checkbox"/> Solid Surface	<input type="checkbox"/> Quartz	<input type="checkbox"/> Fabrication Serv.	<input type="checkbox"/> Other: _____			<input type="checkbox"/> Retail
							<input type="checkbox"/> Lodging/Hospitality
							<input type="checkbox"/> Commercial Interiors
							<input type="checkbox"/> Multi-Family
							<input type="checkbox"/> Other: _____

Current Suppliers:	Products:	\$ Per Month	
_____	_____	_____	Do you prefer COD terms? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require purchase order #'s to appear on your invoices? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require order acknowledgements? <input type="checkbox"/> Yes <input type="checkbox"/> No Pending Order? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx. \$ Value: _____
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Bill To:	
Billing Address (street and number):	Main Phone:
City/State/Zip:	Fax:
*Email Address For Invoices/Statements:	

Ship To:
Ship To Address (if different from billing address):
Nearby Major intersecting Streets, Highways or Roads:

Delivery (check all that apply):
<input type="checkbox"/> Dock Lift <input type="checkbox"/> Side Forklift <input type="checkbox"/> Tractor/Trailer Accessible <input type="checkbox"/> Hand Unload <input type="checkbox"/> Will Call Only <input type="checkbox"/> Receiving Hours: _____
Obstacles to Delivery: <input type="checkbox"/> Residential <input type="checkbox"/> Trees or Low Wires <input type="checkbox"/> Weight Limits <input type="checkbox"/> Posted Roads <input type="checkbox"/> Inability to turn around <input type="checkbox"/> Fork Truck Weight Capacity <input type="checkbox"/> None <input type="checkbox"/> Other: _____

Contact Information:		
Buyers	Project Managers	Accounting
Name: _____	Name: _____	Name: _____
Email: _____	Email: _____	Email: _____
Phone: _____	Phone: _____	Phone: _____
Name: _____	Name: _____	Name: _____
Email: _____	Email: _____	Email: _____
Phone: _____	Phone: _____	Phone: _____

Owners/Partners/Corporate Officers:		
Name/Title:	Mobile:	Email:
Name/Title:	Mobile:	Email:

AETNA BUILDING SOLUTIONS

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How did you hear about us? Online Ad Aetna Representative Other: _____

Aetna Sales Rep you are currently working with (if applicable): _____

Credit Trade References: Surfaces, Composites, Plywood, Hardware, Lumber & Other

Reference #1

Business Name: _____

Contact: _____

Phone: _____

Email: _____

Monthly \$ Purchases: _____

Product: _____

Reference #2

Business Name: _____

Contact: _____

Phone: _____

Email: _____

Monthly \$ Purchases: _____

Product: _____

Reference #3

Business Name: _____

Contact: _____

Phone: _____

Email: _____

Monthly \$ Purchases: _____

Product: _____

Personal Guaranty:

The undersigned hereby personally guarantees any existing or hereinafter created indebtedness by the Applicant to Aetna Building Solutions, and waives presentment and demand for payment, notice of payment, notice of non-payment, protest and notice of protest, and consents without notice of any extensions of time or increase in the amount of credit given. This is intended to be a continuing guarantee and shall continue as to all new indebtedness incurred unless and until a written notice is served upon Aetna Building Solutions by certified mail-return requested; declaring said personal guarantee shall not apply to the future purchases. Guarantor consents to allow Aetna Building Solutions, to change or modify the terms of sale without notice to or authorization of the guarantor. Guarantor assumes all responsibility for staying advised as to the Applicant's financial condition and risk.

Guarantor's Signature as Individual: _____ **Date:** _____
(not in the capacity of corporate officer)

Print Name: _____ **Title:** _____

AGREEMENT FOR A COMMERCIAL ACCOUNT:

Applicant hereby applies to Aetna Building Solutions ("Aetna") to open a commercial account in Applicant's name and hereby requests Aetna from time to time to extend credit to enable Applicant to buy merchandise from Aetna for business or commercial purposes only. As an inducement to Aetna to extend credit, and in consideration of Aetna agreeing to extend credit to Applicant, Applicant states as follows: 1. Applicant represents and warrants that all information including but not limited to the information on the Application for Credit, given in connection with this Application and Agreement ("Agreement") is true and correct as of the date of this application. Applicant agrees to provide Aetna with notice of changes to the information contained on the face and back of this agreement as they occur. 2. Applicant agrees to pay within thirty days of the date of the invoice for all merchandise delivered on that invoice. ("Payment Due Date") 3. If any invoice remains unpaid after the Payment Due Date then Aetna has the right to not deliver further orders and need not notify Applicant. 4. If any amount due for any merchandise remains unpaid on the last business day of the month in which Payment Due Date falls, Applicant shall pay to Aetna a late charge on all past due amounts from the first day of the month immediately following the month in which the Payment Due Date falls until such amounts are paid in full. 5. The late charge shall be two percent per month, equaling an annual percentage rate of twenty-four percent. 6. If Applicant pays any invoice with a check, and the check is returned from Applicant's bank unpaid for any reason, Applicant will pay a service charge of thirty-five dollars or one half of one percent of the face amount of the check, whichever, is greater. The service charge will be along with any late charges that may be applicable. 7. Applicant agrees that any merchandise to be returned, if approved by Aetna, Applicant will incur a restocking charge and further responsibility for shipping and handling charges. 8. This agreement shall be a continuing agreement and shall apply to each purchase of merchandise. Applicant agrees that Aetna can change or amend any of the terms on this Agreement. Applicant's continued use of commercial charge account after the effective date of the amendment or change shall be deemed acceptance of the changed terms. 9. Applicant may terminate this Agreement at will at any time by written notice to Aetna. Such termination to be effective following the receipt of the notice. Termination of this Agreement shall result in all subsequent purchases being shipped on prepaid basis only. 10. Applicant agrees to hold harmless Aetna Plywood, Inc. for any damages resulting from the withholding and/or delaying of the shipment of merchandise to Applicant resulting from events outside the control of Aetna Plywood, Inc. 11. Applicant understands and agrees that Aetna's liability of damages as a result of failure of any product shall be limited to the cost of replacement of the goods supplied, and Aetna shall not be liable for any incidental or consequential damages arising therefrom. 12. Applicant agrees to submit to the jurisdiction of the Circuit Court of Cook County, Illinois. 13. Applicant and Aetna hereby waive the right to a jury trial for any claim arising from the enforcement of this agreement. 14. Applicant will pay all expenses, including reasonable attorneys' fees, incurred by Aetna in the enforcement of this agreement and the collection of any charges due thereunder. 15. Aetna's failure to exercise any of its rights hereunder shall not be deemed a waiver of Aetna's rights under this agreement.

The Applicant, whose signature appears below, ("Applicant") hereby authorizes Aetna to request and to obtain credit information from Applicant's trade, bank and personal references. Applicant authorizes the references contacted by Aetna to release to Aetna the information concerning the status and conduct of the Applicant's business and personal credit. Applicant will be charged 2% credit card processing fee if a credit card is used to purchase material. Aetna does not accept American Express.

The undersigned hereby consents to Aetna Building Solutions use of non-business/business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as a principal, proprietor, partner and/or guarantor in connection with the extension of the business credit as contemplated by this credit application. The undersigned hereby authorizes Aetna Building Solutions, to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by the credit application. The undersigned as an individual hereby knowingly consents to the use of such credit report consistent with the Federal Fair Credit Reporting Act.

Applicant's Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____