BUSINESS APPLICATION FOR CREDIT

Please fill out application completely Including page 2

O.D. GREENE LUMBER & HARDWARE

Account #	 	
Salesman:	 	
Date opened:		

Company Name:	Phone #			
Please provide copy of DBA	E-Mail Address:			
Address:	Fax #			
City, State, Zip:	Contact Person:			
How Long In Business:	Amount of Credit Requested:			
Owner:	Owners Social Security #			
Federal Employer's ID #	Nature of Business:			
Type of Organization: Sole Proprietorship _	CorporationPartnershipLLCOther			
Date business was started:	State & Date of Incorporation:			
Owners, Officers, Trustees, or Partnership, al	ll General Partners; (Please include a complete list, separate document if needed)			
Name	Title:Address:			
Home Tel #	Social Security #			
Name	Title:Address:			
	Social Security #			
Tax Exempt #	(MUST INCLUDE APPROPRIATE CERTIFICATE IF APPLICABLE			
	Credit References			
Name:	Address:			
Phone #	Fax #			
Name:	Address:			
Phone #	Fax #			
Name:	Address:			
Phone #	Fax #			
	Bank References			
Name:	Account #			
Address:	City, State, Zip:			
Phone #	Contact:			

See reverse side page 2

Our terms are balance due in full by the 10th of the month following the date of the statement. We will accept payment by cash, check or credit card. A finance charge of 2% per month will be imposed on any unpaid balance. Any account that does not meet our terms and becomes past due may be closed without notification. In the event any invoice (or portion thereof) is referred to our collection agency or to an attorney for collection, the customer shall be liable for all service charges, all costs, fees, disbursements and charges related to collecting any overdue balance, including reasonable attorney's fees.

We reserve the right to change our terms without notice.

By signing this application, I certify that the above information is true and complete. I also allow all references listed, and credit check to be run on information given to release any information needed by O. D. Greene Lumber Co. Inc. in order to process my application for credit. I also agree to adhere to the payment terms stated above.

Please complete both pages and sign the application, and the authorized charge list. In order to make any changes to the list, adding or deleting users please contact our office in writing if possible, or by phone @315-232-4800.

Date:	Signature:	 	Title:		
AUTHORIZATION (Include self)	TO CHARGE LIST				
(
		-			
		•		**************************************	
			,		
		<u>.</u>			
		_			
Signature:			Date:		

To: O. D. Greene Lumber Company, Inc. 10799 U. S. Route 11 Adams, NY 13605

Guarantor

In consideration of the extension of credit by O. D. Greene Lumber
Company, Inc., of 10799 U.S. Rt. 11, Adams, New York 13605, creditor,
to, O. D. Greene Lumber Company, Inc. of 10799 U. S. Route 11,
Adams, New York 13605, debtor, I,
of
make this guaranty as follows:
I personally guarantee full payment for merchandise purchased from creditor
by debtor, including costs of collection and attorney's fees.
This guaranty is a continuing guaranty and shall continue and remain in full
force and effect until written notice of revocation has been received by creditor.
Such revocation shall not affect the guaranty as to merchandise purchased by
debtor prior to receipt of such notice of revocation, but shall be effective as to all
merchandise purchased by debtor from and after receipt of the notice of
revocation.
Dated: