



KANSAS CITY

**OPEN CREDIT APPLICATION**

Please return to us via fax (816) 231-0738, email [cmcglothlin@libertyhardwoodsinc.com](mailto:cmcglothlin@libertyhardwoodsinc.com) or mail to the address below.

Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Shipping State: \_\_\_\_\_ Shipping Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Structure: ( ) Corporation ( ) Partnership ( ) Proprietorship

If a corporation, please list the major stockholders and officers of the corporation. If partnership, please list all the owners.

<u>Name/Title</u>	<u>Social Security number</u>

Tax-Exempt: ( ) Yes ( ) No

Inside City Limits? ( ) Yes ( ) No

If yes please attach tax-exempt certificate. State laws require us to have tax-exempt certificate on file.

**Tax must be charged until we receive proper forms.**

Federal I.D. Number: \_\_\_\_\_

In Business Since: \_\_\_\_\_

A/R Contact: \_\_\_\_\_

Sales Contact: \_\_\_\_\_

Purchase Order Required? ( ) Yes ( ) No

Credit Limit Requested: \_\_\_\_\_

Person(s) who can authorize purchases: \_\_\_\_\_

**Type of Business:**

- ( ) Manufacturing      ( ) Construction      ( ) Cabinets      ( ) Commercial      ( ) Wholesale
- ( ) Resale              ( ) Residential        ( ) Retail            ( ) Furniture        ( ) Other

**Bank Reference:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

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**Trade References:** (excluding financial institutions, oil companies, credit cards or department stores)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_      Fax Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

Account Number: \_\_\_\_\_      Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_      Fax Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

Account Number: \_\_\_\_\_      Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_      Fax Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

Account Number: \_\_\_\_\_      Contact: \_\_\_\_\_

**I hereby authorize the release of credit information to Liberty Hardwoods, Inc.**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Terms and agreement on reverse side (or page 3). Credit application will not be reviewed or considered if not signed.



KANSAS CITY

### CREDIT TERMS AND AGREEMENT

Our terms are NET 30 DAYS from date of invoice. We allow a 1% discount for payment within 10 days of date of invoice. Any invoice not paid within 30 days will be considered past due, and if not paid before the end of the month in which it became past due, will be assessed a one and one-half percent (1 ½ %) Service Charge, which is an annual percentage rate of 18%.

Your account will be assigned a MAXIMUM CREDIT LIMIT, subject to review at any time. Should your unpaid balance exceed this credit limit, you will be required to make payment on your account prior to the due date or accept purchases on a "CASH ON DELIVERY" basis until such time as your balance is reduced to within your credit limit. Liberty Hardwoods Inc. also reserves the right to close open accounts at anytime it deems necessary based on payment history, name or ownership change in open account, the event of bankruptcy, or any time for just cause.

The applicant hereby authorizes a full and complete investigation by Liberty Hardwoods Inc. and understands that Liberty Hardwoods Inc. will not process a "CHARGE" order until a signed and completed credit application has been submitted and approved. Liberty Hardwoods Inc. also reserves the right to periodic review of applicant's credit history to continue extension of credit to same.

The terms, provisions and obligations of this Agreement shall be governed and construed in accordance with the laws of the State of Missouri. In the event that legal action becomes necessary to enforce or interpret the provisions of this Agreement, or to enforce either party's rights or expectations created by virtue of this Agreement and transactions governed thereby, the undersigned expressly agrees to submit to the sole and exclusive jurisdiction and venue of the Circuit Court of Clay County, Missouri.

Should it become necessary to place this account in the hands of an attorney for collection, applicant agrees to pay the reasonable attorney's fees and all costs of collection.

This CONFIDENTIAL CREDIT APPLICATION contains all terms negotiated between the parties and may be modified only upon written agreement between Liberty Hardwoods Inc. and the Applicant. As part of the terms of this Confidential Credit Application, Liberty Hardwoods Inc. will not provide any credit information to a third party without the expressed written consent of the Applicant.

This Agreement must be signed by an OWNER in case of sole proprietorship, or by an AUTHORIZED PARTNER, MEMBER, or OFFICER of the entity applying for credit in order for credit to be extended.

For good and valuable consideration, the undersigned (jointly and individually) agree to be personally liable for all indebtedness and obligations incurred by the aforementioned corporation or business entity under the Terms of Credit extended by Liberty Hardwoods, Inc. The undersigned (jointly and individually) further agree to be personally liable for all indebtedness and obligations on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms or payment occurs on any account which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly and individually) agree to pay all costs and attorney's fees incurred by Liberty Hardwoods, Inc. in connection with the collection of any unpaid balance along with any services charges incurred.

**I/WE have read the terms of this agreement and agree to be bound by them in all respects.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Drivers License Number or Social Security Number Date of Birth

\_\_\_\_\_  
Entity Name State of Registration, Organization Or Incorporation

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Drivers License Number or Social Security Number Date of Birth

\_\_\_\_\_  
Entity Name State of Registration, Organization Or Incorporation

**The use of my corporate title is by way of identification only and shall in no way negate my personal guarantee**

3900 N. Kentucky Ave. ★ Kansas City, MO 64161  
888-908-0852 ★ 816-231-0852 ★ FAX 816-231-0738