

CHARGE ACCOUNT APPLICATION

Date _____

Name **X** _____ Social Security # **X** _____
Last First Middle Initial

Address To Which Bills Should Be Sent:

X _____ Own
Box # Street City State Zip Rent

Phone **X** _____ E-Mail Address _____ Number of Years working/living at this location _____

Size of Account Requested _____ Purpose _____

Present Occupation _____ Tax Exempt or Resale Number _____

Present Employer _____
Name Number Years City or Town

Previous Employer _____
Name Number Years City or Town

Salary _____/Month Pension _____/Month Other Income _____/Month

Name of Spouse _____
(Need not be answered if desired for personal reasons.)

Credit References (Preferably list **businesses** who have extended you credit. When listing banks, please immediately authorize your bank to disclose your credit standing to EBS.)

Name	Town	Business	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have a construction loan list bank and loan officer _____

Have you authorized your bank to disclose your credit standing? Yes No

Indicate which EBS stores you expect to use the most:

- | | | | |
|--|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Ellsworth 1 | <input type="checkbox"/> Blue Hill 4 | <input type="checkbox"/> Bar Harbor 7 | <input type="checkbox"/> Rockland 10 |
| <input type="checkbox"/> Cherryfield 2 | <input type="checkbox"/> Machias 5 | <input type="checkbox"/> Belfast 8 | |
| <input type="checkbox"/> Bucksport 3 | <input type="checkbox"/> Calais 6 | <input type="checkbox"/> Camden 9 | |

Customer's Agreement

The undersigned understands that Ellsworth Builders Supply, Inc. requires that its statements be paid within thirty (30) days of the end of a billing cycle (to wit, the last day of each month) and that Ellsworth Builders Supply, Inc. vigorously follows collection procedures. A late payment charge of one and one-half percent (1½%) per month is charged on all invoices not paid within thirty (30) days of the end of said billing cycle. Furthermore, the undersigned agrees to pay all collection expenses incurred by Ellsworth Builders Supply, Inc. including (but not limited to) court costs and reasonable attorney fees related to the collection of his or her past due balances.

Everything that the undersigned has stated in this application is correct to the best of his/her knowledge. The undersigned understands and agrees that Credit Reports from credit reporting agencies may be obtained in connection with this application. Upon request, you will be informed whether or not credit reports were obtained, and if reports were obtained, you will be informed of the name and address of the consumer reporting agency that furnished the report.

It is further understood that EBS will retain this application whether or not it is approved and that EBS is authorized to answer future questions about EBS's credit experience with the undersigned.

X _____
 Signature

_____ Date

Route 198, RR 1 Box 2330 Bar Harbor 04609-9725 288-9756	50 Union Street Camden 04843 236-3371
30 Belmont Avenue Belfast 04915 338-4080	82 Milbridge Road Cherryfield 04622-4415 546-7384
Main Street, PO Box 618 Blue Hill 04614-0618 374-2814	261 State Street Ellsworth 04605-9407 667-7134
Route 1, PO Box 1640 Bucksport 04416-1640 469-7313	11R East Court Street Machias 04654-1295 255-3328
86 South Street Calais 04619-0969 454-2576	103 Maverick Street Rockland 04841 596-6205

Fold and Seal