



B & B Supply Stores, LLC
P.O. Box 229 Franklin, Ar. 72536
Phone: (870) 322-7201 FAX: (870) 322-7041

IF APPLICANT IS AN INDIVIDUAL

TYPE OF ACCOUNT (Check One) NEW CONSTRUCTION REMODEL (one time only)

\$ _____
 CREDIT LIMIT REQUESTED (WE MAY REQUIRE AN AUDITED FINANCIAL STATEMENT BEFORE EXTENDING CREDIT)

INDIVIDUAL'S NAME SOCIAL SECURITY NO. DATE OF BIRTH

ADDRESS CITY STATE ZIP TELEPHONE NUMBER

EMPLOYER EMPLOYER ADDRESS EMPLOYER TELEPHONE

HOW LONG EMPLOYED MONTHLY INCOME

SPOUSE'S NAME SOCIAL SECURITY NO. DATE OF BIRTH

SPOUSE'S EMPLOYER EMPLOYER ADDRESS EMPLOYER TELEPHONE

HAVE YOU EVER FILED BANKRUPTCY? _____ IF YES, WHAT YEAR? _____ WHAT TYPE _____

IF APPLICANT IS A BUSINESS

TYPE OF ACCOUNT (Check One)
 NEW CONSTRUCTION
 RESIDENTIAL COMMERCIAL
 REPAIRS / MAINTENANCE / MISC. REMODEL

SUBCONTRACTOR (Check One)
 ROOFING
 PLUMBING
 ELECTRICAL

PARTNERSHIP SOLE PROPRIETOR CORPORATION TAX I.D. NUMBER _____

PRINCIPALS IN BUSINESS

NAME OF BUSINESS BUSINESS TELEPHONE

BUSINESS ADDRESS CITY STATE ZIP

NAME TITLE SOCIAL SECURITY NO. HOME PHONE BIRTHDATE

NAME TITLE SOCIAL SECURITY NO. HOME PHONE BIRTHDATE

NUMBER OF YEARS IN BUSINESS ANNUAL INCOME

ANNUAL EXPENSES \$ NET WORTH \$

BANKING

CONSTRUCTION LOAN # _____

BANK NAME (CHECKING ACCOUNT) ACCT # ADDRESS CITY STATE ZIP TELEPHONE CONTACT

BANK NAME ACCT # ADDRESS CITY STATE ZIP TELEPHONE CONTACT

CREDIT REFERENCES

NAME ADDRESS CITY STATE ZIP TELEPHONE

NAME ADDRESS CITY STATE ZIP TELEPHONE

NAME ADDRESS CITY STATE ZIP TELEPHONE

GUARANTY

In consideration for extension of credit by B & B Supply Stores, LLC, and in order to induce B & B Supply Stores, LLC, to extend credit to the above named firm (whether that is a corporation or a sole proprietorship). I, individually, or we, jointly and severally, guarantee unto B & B Supply Stores, LLC, the prompt payment when due of any and all obligations of the above firm, whether that firm is a corporation or a sole proprietorship, of any kind of nature which shall, at any time be owing to said B & B Supply Stores, LLC on account of any cause or reason, including, but not limited to, any obligation for any goods, materials, work or other items which may be sold to the above described firm by B & B Supply Stores, LLC. This shall be an open and continuing guaranty and shall continue in force, not withstanding any change in the form of such indebtedness or renewals or extensions granted by B & B Supply Stores, LLC without obtaining consent of the undersigned thereto, and shall continue until all indebtedness owed to B & B Supply Stores, LLC, by the above described firm has been paid, in full. Upon any default of the above described firm or undersigned, B&B Supply Stores, LLC, may, at its option proceed directly and at once without notice against the undersigned to collect and recover the full amount of the liability hereunder, or any portion thereof, without proceeding against the above described firm or any other person. The undersigned does further agree to pay all collection fees, court costs, finance charges and attorney's fees incurred by B&B Supply Stores, LLC, in the collection of the sums owed by the above firm or the undersigned.

TERMS: NET 10 DAYS (DUE 10TH OF THE MONTH FOLLOWING PURCHASE. PAST DUE AMOUNTS WILL BEAR INTEREST AT THE MAXIMUM PERCENT PER ANNUM AS ALLOWED BY LAW, OTHERWISE THE MAXIMUM LEGAL RATE SHALL APPLY).

The undersigned agrees that usual credit inquiries may be given at any time in connection with the credit hereby applied for, and consents to the disclosure of such information by any person with whom the undersigned may have financial relations.

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize B&B Supply Stores, LLC to investigate the references listed pertaining to my/our credit and financial responsibility.

X _____
GUARANTOR SIGNATURE

X _____
GUARANTOR SIGNATURE (PARTNER/SPOUSE)

DATED: _____

DATED: _____

SALES TAX EXEMPTIONS: Resale License (Attach copies for all states to which we will ship)

NOTE: Sales Tax will be billed unless your exemption is documented



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Bank Authorization Release Form (Must be completed by applicant)

The customer listed below is applying for a line of credit and has authorized you to release the information requested on this form. Please indicate your experience below and return the entire form to us by fax to (870) 322-7041. Your response will be held in strict confidence.

CUSTOMER INFORMATION
(To be filled out by customer)

Bank _____ Date _____ / _____ / _____

Address _____

City/State/Zip _____

Telephone Number _____ Fax _____

Customer's Name _____ Bank Account Number _____

Address _____

Street Address or P.O. Box

City & State

Zip

Authorized Signature _____ Date: _____

BANK INFORMATION
(To be completed by banking institution)

Account Opened: _____

Customer's Payment Trend:

High Credit: _____

Discount: _____

Balance Today: _____

Prompt: _____

Past Due: _____

Satisfactory: _____

Terms: _____

Marginal: _____

Date of Last Sale: _____

Account Closed: _____

Construction Loan: Yes No Pending

Comments: _____

Date _____ Bank Signature _____ Position _____