

CREDIT APPLICATION (page 1 of 5)

NEW CUSTOMER SET-UP FORM			
Legal Company Name:			
Trade Name:			
BILLING STREET ADDRESS:			
City:	State:	ZIP Code:	
Phone:	Fax:		
SHIP TO STREET ADDRESS:			
City:	State:	ZIP Code:	
Phone:	Fax:		
Order Confirmations FAX:			
Order Confirmations EMAIL:			
What type of business:	D&B#:		
Date company founded:			
Sole proprietorship:	Partnership:	Corporation:	Other:
Date of Corporation:	State of Incorporation:		
How long at current address?			
Premises: (principal) Leased_____ Owned_____			
Estimated yearly volume:			
Owner:		President:	
Accounts Payable	Contact Name:		Phone:
	Email:		Fax:
Taxable: Yes_____ No_____ <u>If TAX EXEMPT, please remit a copy of your sales tax exemption form.</u> <u>An account can't be established without this documentation.</u>			
Tax exempt number:			

DOF INTERNAL USE	SP	DIV	PL	WHSE			
------------------	----	-----	----	------	--	--	--

CREDIT APPLICATION (page 2 of 5)

BUSINESS/TRADE REFERENCES			
Please note: A minimum of 3 within the Furniture Industry is required			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Type of account:			
Company name:			
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
Type of account:			

CREDIT APPLICATION (page 3 of 5)

BANK REFERENCE

Due to the tightening of regulations in the divulging of credit information, banks are now requiring written authorization from their depositors for the release of any information in regard to their accounts. Please sign this authorization for your bank to release information on your accounts, and return with the completed application.

DEALER INFORMATION

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

BANK INFORMATION

Bank Account Number: _____

Bank Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

I give my permission for the release of information about my accounts and my credit rating to Devon Office Furniture.

Dealer Signature: _____

Date: _____

CREDIT APPLICATION (page 4 of 5)

SIGNATURE PAGE

If the applicant (owner/ stockholder) has previously or is presently involved in any insolvency proceedings, bankruptcy assignments for the benefit of creditors, or other similar legal proceedings, please attach a separate page with explanation.

The account application acknowledges and understands that the information and representations made herein are for the purpose of inducing Devon Office Furniture to accept their account and where appropriate extend credit to them in accordance with the policies of Devon Office Furniture. The account applicant certifies to Devon Office Furniture that the information provided herein is accurate and complete and recognizes that in the event any statement or representation made herein are found to be inaccurate or incomplete that Devon Office Furniture reserve the right to cease credit and/or terminate the account.

The account applicant further understands and agrees that in the event Devon Office Furniture delivers goods to the account applicant and the account applicant accepts those goods, if said applicant fails to pay for the goods delivered and accepted, then in the event legal action is necessary to recover payments by Devon Office Furniture, the applicant shall be responsible for all costs of collection, including, but not limited to, reasonable attorneys fees & cost of suit.

I / We hereby agree to comply with "Devon Office Furniture terms and conditions of sale". By signing below I/ we acknowledge and agree that all delinquent invoices will bear interest at one and one half percent (1.50%) per month or the maximum rate allowed by law.

X

Signature of Owner

Date

*** Please note:**

Application cannot be processed until Sales Tax Exemption Form is received.

CONTINUING PERSONAL GUARANTEE

FOR A GOOD & VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, the undersigned, whether one or more ("GUARANTOR") Jointly and severally hereby unconditionally;

Guarantee the payment of all obligations of _____ ("Debtor") Residing at _____ to, Devon Office Furniture, including interest, fees, expenses and attorney fees incurred in enforcing, the Guaranty shall be a continuing and absolute Guaranty and shall be subject to discontinuation "only" upon Creditor receiving written notice from Guarantor, by certified mail, return receipt requested, of discontinuation of the Guaranty, but no such notice shall effect or impair the obligation of Guarantor hereunder with respect to any indebtedness existing at the date of the receipt of such notice by Creditor.

Without further authorization from or notice to Guarantor, Creditor may grant Debtor from time to time in such manner, on such terms, and for such time as it deems best, and may alter, compromise, accelerate, extend or change the time or manner for the payment of any indebtedness.

Within thirty (30 days after written demand), Guarantor agrees to pay and indebtedness guaranteed hereunder to Devon Office Furniture at its offices at 1100 First Avenue · King of Prussia, PA 19406 or at an address formally requested by Creditor, as if indebtedness were a direct obligation of Guarantor.

Guarantor hereby expressly waives any rights to require Creditor to pursue any security or secured collateral or to sue Debtor to collect any indebtedness as a prerequisite to Creditor taking any action against Guarantor, or any right to have Debtor, joined with Guarantor in any suit brought against Guarantor on this Guaranty. Guarantor acknowledges that this Guaranty shall remain binding notwithstanding the release by agreement or by operation of law of, or extension of time to any other Guarantor.

This Guaranty shall be binding upon the Guarantor and upon his heirs, legal representatives, successors and assigns of Guarantor. No delay on the part of Creditor in the exercises of any right or remedy shall operate as a waiver thereof and no single or partial exercise thereof of any right or remedy. Should any one or more of the provisions of this Guaranty be determined to be illegal or in enforceable, all other provisions nevertheless shall remain in effect. Anything to the contrary herein, or in any document related hereto, Guarantor shall not be obligated to pay more that the highest rate of interest allowed by the law in the connection with any indebtedness guaranteed hereunder.

EXECUTED at _____

This _____ day of _____ 20 _____

Guarantor ("signature/print") _____

Witness ("signature/print") _____

Home Address: _____

Phone: _____ Cell: _____