

**ISLAND LUMBER CO., INC.**  
**One Polpis Road**  
**P.O. Box 716**  
**Nantucket, Massachusetts 02554-0716**  
**Telephone: 508-228-2600**  
**Facsimile 508-228-3477**  
**www.islandlumber.net**

**CREDIT APPLICATION**

**THIS IS A LEGAL DOCUMENT – READ CAREFULLY BEFORE SIGNING**

*The following information MUST be completed in full:*

Credit Amount Requested \$ \_\_\_\_\_ Application Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Own Residence \_\_\_\_\_ Rent Residence \_\_\_\_\_ Landlord Name \_\_\_\_\_

**BUSINESS INFORMATION**

Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_  
Business Name \_\_\_\_\_  
Principal's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Tax ID/EIN Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**BANK REFERENCE**

Name of Bank \_\_\_\_\_ Account (Checking/Savings) \_\_\_\_\_  
Address of Bank \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

**VENDOR/TRADE REFERENCE**

Name of Company \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

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Name of Company \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

**PERSONAL ACCOUNT**

The undersigned acknowledges and agrees that all billing statements are due and payable within thirty (30) days of the statement date. If the account is not paid in full within 30 days, there shall be a monthly interest charge of 1.5% (annual percentage rate of 18%) on the outstanding account balance. In the event of collection, whether or not a lawsuit is filed, the undersigned shall pay all costs and fees of collection, including reasonable attorney's fees. The undersigned authorizes Island Lumber Co., Inc., to substantiate and investigate the information contained in this Application, obtain credit report(s), perform credit history evaluation(s), and undertake real and personal property searches. The undersigned acknowledges, agrees and hereby submits to the Commonwealth of Massachusetts Trial Courts, Nantucket Superior Court or District Court Divisions, as the sole and exclusive jurisdiction and venue for any dispute, claim, or action arising from, or relating to, this Credit Application and account.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

**CORPORATION/PARTNERSHIP/LLC BUSINESS ACCOUNT**

The undersigned, jointly and severally, acknowledge and agree that all billing statements are due and payable within 30 days of the statement date. If the account is not paid in full within 30 days, there shall be a monthly interest charge of 1.5% (annual percentage rate of 18%) on the outstanding account balance. In the event of collection, whether or not a lawsuit is filed, the undersigned business entity, and the undersigned Guarantor(s), shall be jointly and severally responsible to pay all costs and fees of collection, including reasonable attorney's fees. Such responsibility and liability shall be continuing, absolute and unconditional. The undersigned waive presentment, notice, delivery, acceptance, performance or enforcement. The undersigned authorize Island Lumber Co., Inc., to substantiate and investigate the information contained in this application, obtain credit report(s), perform credit history evaluation(s), and undertake real and personal property searches. The undersigned acknowledge, agree and hereby submit to the Commonwealth of Massachusetts Trial Courts, Nantucket Superior Court or District Court Divisions, as the sole and exclusive jurisdiction and venue for any dispute, claim, or action arising from, or relating to, this Credit Application and account.

1. Business Name of Applicant \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_
  
2. Signature of Individual/Guarantor \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Individual/Guarantor \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

*[At least one (1) Individual/Guarantor signature required if business is a corporation or LLC]  
[At least two (2) Individuals/Guarantors signatures required if business is a partnership]*

**OFFICE USE:**

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Credit Amount Approved \$ \_\_\_\_\_

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**\*\*\*\*\* CREDIT AND DISCOUNT TERMS \*\*\*\*\***

To Our Valued Customers:

This letter is a reminder of our existing **discount** and **payment** terms.

- Our account terms are the ***15th, Net 30.***
- Discounts allowed **ONLY** on payments on account made in full and delivered to Island Lumber on or before the 15th of the month after the account billing statement date. Discounts are **NOT** allowed on partial payments, or payments received by Island Lumber after the 15th of the month after the account billing statement date. Discounts are **NOT** allowed on past due account balances.
- A monthly service interest of 1.5% (18% per annum) will be charged and due and payable on all account balances which have not been paid within 30 days of the account billing statement date and are past due.
- Accounts with a balance more than 60 days past due will be suspended and **NOT** reopened until the account balance is paid in full and **ONLY** at the discretion of Island Lumber.
- All credits for returned items ***REQUIRE AN INVOICE OR RECEIPT.***

Thank you for your continued business with Island Lumber Co., Inc.

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**\*\*\*\*\*AUTHORIZED ACCOUNT USER LIST\*\*\*\*\***

Please list below the persons authorized to use your account or accounts. This list is for your protection and ours. Please keep it current.

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

User Name(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you have any questions about the use of this list, please contact our office at 508-228-2600. You may fax your reply to us at 508-228-3477

Thank you for doing business with Island Lumber Co., Inc.

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

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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**INTERNET SETUP FORM**

Account Number \_\_\_\_\_ Date \_\_\_\_\_  
Account Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Account Address \_\_\_\_\_ Facsimile Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

User Name \_\_\_\_\_

Password (Assigned by Island Lumber) \_\_\_\_\_

Contact Person \_\_\_\_\_

**Access Your Account at [www.islandlumber.net](http://www.islandlumber.net)**

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**OFFICE USE:**

Date \_\_\_\_\_ Approved By \_\_\_\_\_

Set Up R/Matrix \_\_\_\_\_ Sales Rep \_\_\_\_\_  
Pr Pmt \_\_\_\_\_

Screen 6 Y E P \_\_\_\_\_  
Screen 10 E-Mail \_\_\_\_\_  
Screen 11 E-Mail \_\_\_\_\_  
Add User Online \_\_\_\_\_