

# Credit Application & Purchase Agreement



Please check the Maso, LLC Company with which you would like to establish credit:

- Masolite, LLC – Fort Wayne, IN     
  Masolite Anderson, LLC – Anderson, IN  
 Carter’s, LLC – Logansport, IN

2200 Lafontain Street  
 Fort Wayne, Indiana 46802  
 T: 260.432.3568 | F: 260.436.2788

**Completed application should be returned to:** Alberta Harrison via email: [aharrison@masolite.com](mailto:aharrison@masolite.com) or fax: 855.870.4650

Please PRINT or TYPE.

## SECTION 1: BUSINESS INFORMATION

Business Type (check one):		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	State of Incorporation _____	Date Incorporated _____
Business Name			Phone		Fax		
Street Address			City		State	Zip	County
Billing Address (if different than above)			City		State	Zip	County
Tax ID No.	Website			Previous Business Name			
Sales Tax Exempt*?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If <b>yes</b> , please attach certificate to application	Have you or your company declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If <b>yes</b> , when? where? _____
*Tax will continue to be charged on all invoices until the appropriate "Tax Exempt Certificate" is received. Customer will be responsible for all tax until certificate is received.							

## SECTION 2: ACCOUNTS PAYABLE

A/P Contact Name		Phone		Fax
A/P Email			Invoices/Statements Emailed or Faxed? (Please check one) <input type="checkbox"/> Email <input type="checkbox"/> Faxed	

## SECTION 3: PRINCIPAL OWNER(S) / PARTNERS

Name	Name
Title	Title
Email	Email
Phone	Phone
Name	Name
Title	Title
Email	Email
Phone	Phone

**SECTION 4: BANKING INFORMATION**

Bank Name		Branch		
Address		City	State	Zip
Officer's Name	Email		Phone	Fax

**SECTION 5: TRADE REFERENCES (List a minimum of three (3) references)**

Business Name		Business Name		
Contact Name		Contact Name		
Email		Email		
Phone	Fax*	Phone	Fax*	
Business Name		Business Name		
Contact Name		Contact Name		
Email		Email		
Phone	Fax*	Phone	Fax*	
Business Name		Business Name		
Contact Name		Contact Name		
Email		Email		
Phone	Fax*	Phone	Fax*	

\* Please be sure to include fax numbers as this is how we contact references.

**SECTION 6: CONTRACTOR LICENSE AND BONDING INFORMATION**

Type of Contractors License				
Are you Bonded?		Bonding Agency		
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes,</b>				
Agent's Name		Email	Phone	Fax
Address		City	State	Zip

## SECTION 7: PURCHASE AGREEMENT

We promise to pay our account in full **on or before the due date as shown on each invoice** generated by the purchase of goods and/or services or generated by the performance (part or full) of any of the terms and conditions of any separate written contract. In the event this account is not paid as agreed, we agree to pay a delinquency charge which shall accrue as follows: The delinquency charge shall be computed at the current MASO, LLC COMPANIES rate shown on the invoices generated through supply of goods or services, or performance of any separate written contract.

The MASO, LLC COMPANIES has the right to apply undesignated payments to the oldest balances, including delinquency charges, issue credits for returned merchandise, less restocking fees, grant additional time to repay delinquent balances, and take promissory notes, record mechanics liens, or take other forms of security on a delinquent account without further notice.

We agree to pay, in addition to the foregoing, reasonable attorney's fees incurred in connection with the collection of this account, regardless of whether or not suit is actually filed, and in addition, any fees and/or costs incurred in any subsequent action to enforce any judgment obtained relating to this account. If at the option of the MASO, LLC COMPANIES this account is sent to a collection agency, we agree to pay any and all fees charged to the MASO, LLC COMPANIES by the agency to enforce collection of the account. The MASO, LLC COMPANIES have the option to choose the venue of any suit brought to collect this account.

You are hereby authorized to contact any or all of the references listed herein, including our bank, and further utilize outside consumer and commercial credit reporting services to obtain information regarding our credit standing.

We certify that all of the information contained in this application for credit on the reverse side, and any attachments is true and correct to the best of our information, knowledge and belief. We promise to promptly notify you, in writing, of any changes hereafter relating to the information supplied herein.

If my/our credit is approved, I/we agree to all terms and condition set forth by the MASO, LLC COMPANIES.

_____	_____	_____	_____
Date	Printed Name	Title	Signature
_____	_____	_____	_____
Date	Printed Name	Title	Signature

## SECTION 8: UNCONDITIONAL PERSONAL GUARANTY

The undersigned, individually, as well as on behalf of the Corporation, Partnership, LLC, LLP or other such entity, agrees to pay all account balances, penalties, service charges, reasonable attorney's fees, and court costs incurred in the collection of their past due account. Liability shall be joint and several.

The undersigned further agrees that any line of credit desired or approved is not a limitation of liability, and the undersigned expressly agrees individually and on behalf of the Corporation Partnership, LLC, LLP or other such entity to be responsible for charges in excess of credit either desired or approved.

This guaranty is a continuing guaranty of payment and shall inure the benefit of MASO, LLC COMPANIES from the date hereon and shall remain in full force and effect until written notice of termination thereof has been received by MASO, LLC COMPANIES by certified mail. Termination of the guaranty by the undersigned shall not affect any of the guarantor's obligations hereunder with respect to indebtedness incurred prior to the termination.

If my/our credit is approved, I/we agree to all terms and condition set forth by the MASO, LLC COMPANIES.

_____	_____	_____	_____
Date	Printed Name	Title	Signature
_____	_____	_____	_____
Date	Printed Name	Title	Signature



2200 Lafontain Street  
Fort Wayne, Indiana 46802  
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## Authorization to Release Credit Information

Attachment to Maso, LLC's Credit Application

I, the undersigned officer of the below named company, hereby authorize the Maso, LLC Companies: Masolite, LLC, Masolite Anderson, LLC or Carter's, LLC to contact any or all of the references listed herein and further utilize outside consumer and commercial reporting services to obtain information regarding our credit standing as deemed necessary for the purpose of establishing a credit account with Maso, LLC Companies.

I, on behalf of the company, authorize and instruct any person or credit agency or other organization to furnish any information about our company that they may have. I understand that the record(s) provided will be furnished in confidence and I agree to hold the reporting agency and/or creditors harmless as a condition for providing the record(s).

If any of the references listed herein have any questions regarding this release of information, they can contact me at the number or email listed below.

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Company Name

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Telephone Number

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Name (Printed)

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Title

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Signature

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Date

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Email