



Since 1798

# ALAN MCILVAIN COMPANY

*Quality Hardwood Lumber & Mouldings*

501 Market Street  
Marcus Hook, PA 19061  
www.alanmcilvain.com

PH# 800-523-4231  
FX# 800-232-1798  
sales@alanmcilvain.com

## BUSINESS CREDIT APPLICATION

By submitting this application to Alan McIlvain Company, ("McIlvain"), you are certifying that the information set forth below is true and correct and that you agree to comply with all terms and conditions of the extension of credit by McIlvain.

### BUSINESS BACKGROUND INFORMATION

Legal name of applicant: \_\_\_\_\_

EIN No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ D & B No.: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

( ) Corporation ( ) General partnership ( ) Limited Partnership ( ) Proprietorship ( ) Other

If incorporated, in what state: \_\_\_\_\_ Year applicant established: \_\_\_\_\_

Other Names you have traded as: \_\_\_\_\_

### NAMES, ADDRESSES & TITLES OF PRINCIPLES

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

BANK NAME	ADDRESS	STATE	ZIP	ACCOUNT#
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

SUPPLIER'S NAME	ACCOUNT#	PHONE	FAX	EMAIL
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Are you claiming a tax exemption? ( ) Yes ( ) No  
If yes, attach an official tax exempt form signed by an authorized person.

Have you ever had a tax lien action filed against you personally or in business? \_\_\_\_\_

Within the last ten years, have you, or a company which you had an ownership interest, file a bankruptcy? \_\_\_\_\_

**AUTHORIZED USERS**

The Applicant authorizes the following individuals to use this account:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Monthly credit requirement \$ \_\_\_\_\_ Is Purchase order required? ( ) Yes ( ) No A/P  
Contact: \_\_\_\_\_

**TERMS**

Applicant(s) authorizes the above listed suppliers and banks to release, upon verbal or written request by McIlvain, such information requested relative to credit history, including, but not limited to open/closed accounts, notes, mortgages, construction loans and average deposit balances pertinent to the granting of credit by this application agreement.

APPLICANT(S) AGREE THAT IT IS REQUIRED TO NOTIFY MCILVAIN IN WRITING OF ANY CHANGE OF RESTRICTIONS ON ITS ACCOUNT. IT AGREES THAT IF IT FAILS TO IDENTIFY RESTRICTIONS, AUTHORIZED INDIVIDUALS AND/OR NOTIFY MCILVAIN OF ANY CHANGES, IT SHALL BE FULLY LIABLE FOR ALL CHANGES ASSESSED TO APPLICANT’S ACCOUNT.

If payment in full is received within 10 days from the date of invoice applicant(s) shall receive a 1% discount on all purchases. Applicant(s) agrees to pay an overdue assessment charge not to exceed 1 ½ % per month of any balance remaining unpaid after 30 days from the date of invoice.

Applicant(s) further agrees that McIlvain is retaining a purchase money security interest in the goods purchased on this account until said goods are paid in full. As provided by law, said goods may be repossessed if not paid for as provided herein.

Applicant(s) further agrees that, in the event any balance, past due or contested, is placed with a collection agency or attorney for collection, applicant(s) agrees to pay all reasonable collection agency or attorney’s fees plus court costs incurred.

Applicant(s) certify that the above information is true and correct and it agrees to pay this account in accordance with the aforesaid credit terms.

This agreement is the entire agreement between the parties and all prior contemporaneous agreements are merged herein and any amendment or waiver of any rights granted hereafter shall be in writing and signed by all parties.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_

(Note: If partnership, all partners must sign. If Corporation, an authorized corporate officer must sign.)

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**PERSONAL GUARANTEE FOR CORPORATE/LP/LLC ACCOUNTS**

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In order to induce McIlvain to extend credit to the above named applicant(s), the undersigned, individually and personally, jointly and severally, agrees to endorse and to guarantee to pay on demand any sums due McIlvain by the above named applicant(s). McIlvain reserves the right to proceed directly against the undersigned guarantor, without having to proceed first against the above named applicant(s) or liquidate any security given by said applicant(s).

No termination of this guarantee shall be effective except that sent to McIlvain by registered mail naming an effective termination date after the date of receipt of said notice. Such termination shall not affect the liability of the undersigned with respect to any credit extended to the above named prior to said termination date.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_