

PRINT TITLE OF ACCOUNT AS IT APPEARS ON INVOICES

I/WE, THE UNDERSIGNED, FOR THE CONSIDERATION OF THE OHIO VALLEY LUMBER COMPANY EXTENDING CREDIT TO THE AFORESAID FOR THE PURPOSE OF PURCHASING MATERIAL FROM OHIO VALLEY LUMBER COMPANY, DO HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE THE AFORESAID ACCOUNT. I/WE FURTHER AGREE TO JOINTLY AND SEPARATELY PAY ANY SUMS THAT WOULD BECOME DUE OHIO VALLEY LUMBER COMPANY FROM OUR PERSONAL ASSETS OR OTHER ASSETS, IF REQUESTED BY OHIO VALLEY LUMBER COMPANY. I/WE DO HEREBY EMPOWER ANY ATTORNEY OF ANY COURT OF RECORD WITHIN THE UNITED STATES OR ELSEWHERE TO APPEAR FOR APPLICANT AND GUARANTOR, AND WITH OR WITHOUT DECLARATION FILED, CONFESS JUDGMENT AGAINST THE APPLICANT AND GUARANTOR AND IN FAVOR OF OHIO VALLEY LUMBER COMPANY, ITS EXECUTORS, ADMINISTRATOR OR ASSIGNS, FOR THE SUM DUE BY REASON OF DEFAULT IN PAYMENT, WITH COST OF SUIT AND ATTORNEY COMMISSION OF 25% FOR COLLECTION, AND RELEASE OF ALL ERRORS AND WITHOUT STAY OF EXECUTION AND INQUISITION AND EXTENSION UPON ANY LEVY IS HEREBY WAIVED, AND CONDEMNATION AGREE TO AND THE EXEMPTION OF ALL PROPERTY FROM LEVY AND SALE OF ANY EXECUTION HEREON, IS ALSO HEREBY EXPRESSLY WAIVED, AND NO BENEFIT OF EXEMPTION LAW NOW IN FORCE OR WHICH MAY BE HEREAFTER PASSED.

BY _____ GUARANTOR DATE _____
OWNER SIGNATURE

BY _____ GUARANTOR DATE _____
SPOUSE SIGNATURE

BY _____ GUARANTOR DATE _____
OWNER SIGNATURE

BY _____ GUARANTOR DATE _____
SPOUSE SIGNATURE



328 14th Street + Ambridge, PA 15003 + (724) 266-4700 + (724) 266-4416 (Fax)

Date _____
Legal Name of Corporation _____
Partnership or Proprietorship _____
Address _____

Street City State Zip Code

Business Phone _____ Fax _____

If this is a subsidiary:
Parent Company Name & Address _____

Type of Business _____ Years in Business _____

() Partnership () Proprietorship () Corporation
State of Incorporation _____ Date of Incorporation _____

PRINCIPALS	HOME ADDRESS	TITLE	SOCIAL SECURITY #
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

CREDIT REFERENCES: PLEASE PROVIDE BANK ACCOUNT NUMBERS

BANK _____ PHONE _____
ADDRESS _____ CITY _____ ZIP CODE _____

BANK _____ PHONE _____
ADDRESS _____ CITY _____ ZIP CODE _____

SUPPLIER _____ PHONE _____
ADDRESS _____ CITY _____ ZIP CODE _____

SUPPLIER _____ PHONE _____
ADDRESS _____ CITY _____ ZIP CODE _____

SUPPLIER _____ PHONE _____
ADDRESS _____ CITY _____ ZIP CODE _____

CUSTOMER BUILDS: CONTRACT _____ % SPECULATIVE _____ %

TYPE OF JOB: COMMERCIAL _____ RESIDENTIAL _____ BONDED YES _____ NO _____

BONDING AGENCY _____ ADDRESS _____ PHONE _____

NUMBER OF HOMES BUILT PER YEAR _____ PRICE RANGE _____

INDIVIDUALS AUTHORIZED TO CHARGE ON THIS ACCOUNT _____

Charges will be accepted only from above individuals. All changes must be in writing. I/We certify that the above information is true and correct, and I/We agree to pay this account in accordance with your credit terms. I/We authorize you to verify this information and/or obtain additional information by securing data from a credit-reporting agency.

SIGNATURE _____ POSITION _____

SIGNATURE _____ POSITION _____

"All partners or authorized corporate officers must sign"