

Customer Credit Application

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Loudoun Stairs, Inc.

341 N. Maple Ave • Purcellville, VA 20132
Telephone: 703-478-8800 • Fax: 540-338-2644

OFFICE USE ONLY
Account Representative:
Credit Limit:
Date Approved:
Approval Initials:

Customer Name: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

TYPE OF BUSINESS *Please check one:*

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Co.

Nature of Business: _____

Number of Years in Business: _____ State of Origin: _____

Federal ID # _____ Sales Tax Exempt # _____
Please attach copy of sales tax exemption certificate

Name of Predecessor Businesses: _____

Parent Company (if applicable): _____

Parent Company Address and Telephone: _____

INFORMATION ON PRINCIPALS *(attach separate schedule if necessary)*

For Proprietorship or Partnerships: List all Owners and/or Partners

For Corporation or Limited Liability Co.: List Officers, Directors, Members and Majority Stockholders.

Name	Position	Telephone	Email	Home Address

YES **NO**

- ☐ ☐ Have any of the companies or individuals listed above ever been a debtor in a bankruptcy proceeding?
- ☐ ☐ Has any judgment ever been entered against any of the companies or individuals listed above?
- ☐ ☐ Are there legal actions or arbitrations pending against any of the companies or individuals listed above?
- ☐ ☐ Mechanics Lien Agent? If yes, please provide name and address below:

BANK REFERENCES

Primary Bank Name: _____

Telephone: _____

Contact Name: _____

Account # _____

TRADE REFERENCES

Please provide the following types of industry trade references as indicated.

Electrical

Business Name: _____

Address: _____

Telephone: _____ Fax: _____

Plumbing

Business Name: _____

Address: _____

Telephone: _____ Fax: _____

Lumber

Business Name: _____

Address: _____

Telephone: _____ Fax: _____

Concrete

Business Name: _____

Address: _____

Telephone: _____ Fax: _____

LOUDOUN STAIRS, INC. CREDIT TERMS & CONDITIONS

I/we certify that the above information is correct and complete and further understand that Seller will rely on this information for the extension of credit. Customer authorizes Seller at any time and from time to time to obtain Credit Reports on Customer or any individuals listed above or to obtain credit and funding information from other persons or entities listed above. Customer further agrees to supply such additional information as may be required by Seller to warrant the future extensions of credit or to enable Seller to perfect liens or to recover upon any bond issued.

Our credit terms are net thirty (30) days with the first order requiring a 50% deposit. Invoices are mailed the day after delivery date. Any invoice not paid within 30 days is considered past due regardless of your payment schedule and a service charge will be applied to your account. Once an invoice reaches 45 days old, all future orders may be placed on hold until your account becomes current. Your account will be reviewed and future credit privileges may be revoked.

Customer agrees to pay service charges of 1-1/2% interest per month on any invoice amount past due until paid, both before and after judgment, and further agrees to pay all costs incurred in collection of past due amounts, including attorney's fees in the amount of 1/3 of the total balance due from Customer in the event this account is placed with an attorney for collection, whether suit is filed thereon or not.

Customer expressly agrees that the forum for any litigation pursuant to this Agreement or any other contract between Seller and Customer, whether suit is brought by Seller or Customer, shall be the County of Loudoun, Virginia. This Agreement shall be governed by and construed in accordance with the laws of Virginia.

Customer further agrees to pay all amounts due under this Agreement, including interest and cost of collection, for all labor and materials supplied on this account before Seller has received written notice closing this account mailed U.S. Mail Certified Return Receipt Requested, no matter what person or entity ordered or used the labor and material supplied on this account and regardless of any change in the legal structure of Customer or the existence of entities or individuals legally distinct from Customer using or benefiting from the labor and materials supplied. In the event of such a change in legal structure or the existence of related entities or individuals, it is agreed that both the Customer and the related legal entities or individuals shall be obligated for all amounts due under this Agreement.

Customer agrees that all shipments to any one project shall be considered part of a specific continuing contract related to a single property. All waivers executed by Seller shall be effective only to the dollar amount of payments actually received. Customer agrees that Seller retains its mechanic's lien, payment bond or similar security rights for unpaid deliveries, regardless of what other documents have been presented to Seller for signature which may imply otherwise. Customer further agrees that Seller has the right to determine, in its sole discretion, how to apply payments and which invoices to pay with all payments received on this account, despite any advice to the contrary from Customer.

Seller may stop the manufacture or supply of any labor or materials when it, in its sole discretion, determines that Customer is in breach of this Agreement or any other contract with Seller or Seller has insecurity with respect to Customer's creditworthiness, until payment is made and any dispute or insecurity has been resolved.

Signature of Owner, Officer, or Authorized Representative:

Printed Name:

Title:

Date:

**CREDIT APPLICATION NOT ACCEPTED WITHOUT APPROVAL OF SELLER'S CREDIT DEPARTMENT.
PLEASE SUBMIT COMPLETED CREDIT APPLICATION TO KRISTEN.STANLEY@LOUDOUNSTAIRS.COM**

**BILLING REQUIREMENTS FORM**

Customer Name: _____

Billing Address: _____

City

State

Zip Code

Accounts Payable Contact Name: _____

Contact Phone _____ Email _____

Email Invoices: ☐ Yes ☐ No**CERTIFICATE OF INSURANCE**

- Is a Certificate of Insurance required for your individual sites? ☐ Yes ☐ No
- Does your company need to be listed as the additional insured? ☐ Yes ☐ No
- Please provide the necessary information below to forward your copy of our Certificate of Insurance for your files:

Name and Dept: _____

City

State

Zip Code

Phone No. _____

Fax No. _____

CONTRACT

- Please indicate your billing requirements for *Contract Work* performed.
☐ Auto Pay (no invoice required) OR ☐ Contract Billing (invoice from contract prices on file)
- What forms need to be submitted with the hardcopy of the invoice (if applicable please check box(es) below).

☐ Purchase Order	☐ Work Order
☐ Requisition Form	☐ Lien Waiver
☐ Other: _____	☐ Schedule A

NON-CONTRACT

- Please indicate your billing requirements for additional work/purchases outside the Contract. What forms need to be submitted with the hardcopy of the invoice (if applicable, please check the appropriate box(es) below).

☐ Purchase Order	☐ Work Order
☐ Requisition Form	☐ Lien Waiver
☐ Other: _____	☐ Schedule A