



Timber Holdings USA. P.O. 10069 Bedford, N.H. 03110
 Phone: 603-706-4227 • Fax: 603-668-3242 • www.ironwoods.com
 (To Ensure Prompt Service Please Return To: dseverance@coastalfp.com)

Credit Application and Agreement

Company Name: _____ Date: _____
 Billing Address: _____
 Ship-To Address: _____
 Telephone No.: _____ Sales Tax Exemption No.: _____
 Type of Business: _____ Date Business Began: _____
 Sole Proprietorship: _____ Partnership: _____ Corporation: _____
 Owner/Officer: _____ Owner/Officer: _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Home Phone No.: _____ Home Phone No.: _____
 Name of Bank: _____ Telephone No.: _____
 Address: _____
 Account No. _____ Account No.: _____
 A/P Contact: _____ Phone/Ext: _____ E-Mail: _____
 Prefer to receive invoices via: Mail Fax: _____ E-Mail: _____
 (preferred fax #) (preferred e-mail)

TERMS: Credit terms are net upon receipt of invoice. Invoices paid within 10 days of invoice date may deduct 1% discount on merchandise only. Invoices not paid within 30 days of invoice date will be assessed a 1-1/2% per month finance charge. All accounts over 30 days may be shipped on a C.O.D. basis and may relinquish their privilege to credit until satisfactory credit is restored.

I/We understand and agree that the information provided is for the purpose of obtaining merchandise on credit. I/We further understand and agree that all accounts or monies due to Timber Holdings USA, Inc., and/or Coastal Forest Products, Inc. shall be paid in accordance with the credit terms stated above and agree to pay all reasonable costs of collection, in addition to any court costs and/or attorney fees incurred.

I/We authorize investigation of all credit references listed.

Any actions or disputes (including but not limited to actions for collection) between the parties shall be governed by New Hampshire law without regard to conflicts of law provisions, and shall be brought exclusively in a relevant court in New Hampshire.

I certify that I am an officer of the company and that the company or corporate name used is correct and I/We agree to the above terms and conditions.

By _____ Title _____ Date _____
 By _____ Title _____ Date _____
 By _____ Title _____ Date _____

Guaranty: I/We, the undersigned, do hereby guarantee payment as individuals, of any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all its terms and conditions.
 Guarantor _____ Individually
 Guarantor _____ Individually

TRADE REFERENCES:

Name: _____ Contact/Title _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Name: _____ Contact/Title _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Name: _____ Contact/Title _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Name: _____ Contact/Title _____
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City: _____ State: _____ Zip: _____
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