

**AMERICAN FOREST PRODUCTS LLC
D/B/A TULNOY LUMBER
1620 WEBSTER AVENUE
BRONX, NY 10457
TEL: 718-901-1700 FAX: 718-901-2957
NEW ACCOUNT APPLICATION**

COMPANY NAME: _____ **DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **FAX:** _____ **CONTACT** _____ **TITLE:** _____

EMAIL _____

CORPORATION **PARTNERSHIP** **INDIVIDUAL OWNER** **LIMITED LIABILITY COMPANY**

TYPE OF BUSINESS _____ **AMOUNT OF CREDIT DESIRED:** _____

HOW LONG IN BUSINESS: _____ **ARE YOU A LICENCED CONTRACTOR WITH NEW YORK CITY DEPARTMENT OF**

CONSUMER AFFAIRS? YES _____ **NO** _____ **GIVE LICENSE #:** _____

RESALE #: _____ **FED ID #:** _____ **P.O. # REQUIRED** _____

-----**PRINCIPALS/OWNERS PERSONAL INFORMATION**-----

NAME: (1) _____ **TITLE:** _____ **RES. PHONE #** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **SS #:** _____

NAME: (2) _____ **TITLE:** _____ **RES. PHONE #** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **SS #:** _____

In order to induce us to sell merchandise and extend credit to the above applicant, corporation or partnership, the undersigned, jointly and severally, guarantee the full and prompt payment of any indebtedness which may, at any time and from time to time be incurred by said corporation or partnership to Tulnoy Lumber and in the event of any default and/or failure to pay any amounts due you from said corporation or partnership, you shall be entitled to look to the undersigned immediately for such payments without prior demand or notice to the undersigned and without you first proceeding against the above corporation or partnership. I (we) waiver any extension of time or other indulgence to the above corporation or partnership. Furthermore, in the event AFP should find it necessary to institute any legal proceeding, including the foreclosure of any mechanic's lien against any of the premises to which we supplied lumber and/or building materials. The undersign agree to be responsible for and reimburse AFP for all costs and disbursements incurred by AFP in bringing such legal proceeding. Should we be successful in obtaining a judgment in our favor against either the above corporation or partnership or any of the undersigned, you further agree to be responsible to AFP for attorney's fees, to include the costs of any in house legal department in an amount equal to the larger of the sum of \$250.00 or twenty five (25%) percent of the dollar amount of any judgment recovered against either the above corporation or partnership of any of the undersigned. It is understood that any and all credits, of any sort whatsoever, claimed against balances due on the above account will only be honored when evidenced by a written credit memorandum issued by AFP to the above account holder. This shall include credit for any and all merchandise returns, price adjustments, claimed delivery shortages and for any other reason whatsoever.

PLEASE PRINT NAME	SIGNATURE
1. _____	1. _____
2. _____	2. _____

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COMPANY NAME: _____ TEL #: _____

REFERENCES

1) BANK NAME: _____

TEL #: _____ FAX : _____

ACCOUNT#: _____ CONTACT: _____

EMAIL: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

2) VENDOR _____

ACCOUNT#: _____ TEL#: _____ FAX: _____

CONTACT: _____ EMAIL: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

3) VENDOR _____

ACCOUNT#: _____ TEL#: _____ FAX: _____

CONTACT: _____ EMAIL: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

4) VENDOR _____

ACCOUNT#: _____ TEL#: _____ FAX: _____

CONTACT: _____ EMAIL: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

AMERICAN FOREST PRODUCTS OFFICE USE ONLY

	1	2	3	4
HOW LONG ACCOUNT OPEN	_____	_____	_____	_____
TYPE OF PAYMENT	_____	_____	_____	_____
HIGHEST CREDIT	_____	_____	_____	_____
ANY PROBLEMS	_____	_____	_____	_____
SPEAK TO	_____	_____	_____	_____

APPROVED BY _____ DATE: _____

MONTHLY CREDIT LIMIT _____ ACCOUNT #: _____

AFP SALESPERSON NAME: _____

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NEW ACCOUNT APPLICATION/AUTHORIZATION FORM

NAME OF CUSTOMER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

FAX: _____

Re: Personnel Authorized to Charge Items and Place Orders On behalf of Customer

This letter is sent to you as part of our new account application. Can you confirm the personnel authorized to place orders or charge merchandise to your credit account with AFP:

Full Name	Title	Telephone # (office)	(mobile)	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In addition AFP is hereby notified that with respect to particular buildings or job/construction sites for which your charge account may be charged, the following limitations are to apply: (Place an "X" mark on applicable line).

- _____ No limitations or restrictions on buildings or construction sites
_____ Charges shall be restricted to the following buildings and construction sites only:

Name of Building or Construction Project	Address of Building or Construction Project	Individuals at Building Construction Site Authorized to receive deliveries
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Very Truly Yours,

Signature: _____
Print Name & Title: _____
Telephone #: _____



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REQUEST FOR BANK CREDIT INFORMATION

TO: _____ **DATE:** _____

SUBJECT: WAIVER TO RELEASE INFORMATION

YOUR AUTHORIZATION IS REQUIRED TO RELEASE INFORMATION NEEDED IN ORDER TO PROCESS YOUR CREDIT APPLICATION. THIS INFORMATION IS REQUESTED FOR USE IN THE EXTENSION OF CREDIT FOR BUSINESS PURPOSES ONLY AND ALL INFORMATION SUPPLIED WILL BE HELD IN THE STRICTEST CONFIDENCE.

THANK YOU FOR YOUR COOPERATION.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

*******PLEASE FAX TO: 718-901-2957*******

**TULNOY LUMBER CREDIT DEPARTMENT
TEL: 718-901-1700**
