APPLICATION FOR CREDIT





I would like to apply	y for credit with:	BESCOD T	$BP\square BC$	OTH COMPAN	NIES 🗆
I would like my Inve	oices and Statemen	nts EMAILED	□ MAIL	ED 🗖	
Email Address					
******RETURN AL					
Amount of Credit	Desired:				
My Salesperson:	Date Account Opened:				
Name of Business	:				
Physical Address:		City:	:	State:	_ Zip:
Billing Address: _		C	ity:	State:	Zip:
Phone:]	Fax:		_ Mobile:	
Email Address: _					
Type of Business:	Business Started?				
Corporation	Partenership	Individual	Is you	r Company a	n LLC?
Federal Tax ID#:	:	_ Individual (Owner Na	ame:	
Owners Social Se	curity#:	-	Owners	s Phone #:	
DL#:	State:		PO Re	quired:	YES OR NO
IF Corporation, c	omplete Officer	Information:			
President:		Secretar	·y:		
Vice-President: _		Treasur	er:		
If Partnership co	mplete the follow	ving informati	i on:		
Partner:		Par	tner:		
	CED		Title:		
SIGNATURE OF OFFI X	CER		_		
PRINT NAME		·			

CHARGE ACCOUNT AGREEMENT

THIS AGREEMENT IS MADE AT FORT WORTH, TEXAS, BY AND BETWEEN HI-STANDARD EQUIPMENT & SUPPLY CO. INC. dba BUILDERS EQUIPMENT & SUPPLY CO. (BESCO) OR AT STRAWN, TEXAS BY AND BETWEEN TEXAS BUILDING PRODUCTS (TBP) AS OF ______(DATE) AND ______(CUSTOMER) AND IT IS HEREBY AGREED AS FOLLOWS:

- 1. CUSTOMER AGREES THAT UPON EXECUTION OF AN INVOICE IT ACKNOWLEDGES RECEIPT OF THE GOODS LISTED ON THE INVOICES AT THE PRICES DESIGNATED FOR SUCH GOODS ON THE INVOICE AND CUSTOMER AGREES TO PAY BUILDERS EQUIPMENT & SUPPLY CO. AND/ OR TEXAS BUILDING PRODUCTS FOR SUCH GOODS AT FORT WORTH, TARRANT COUNTY, TEXAS, OR STRAWN, PALO PINTO COUNTY, TEXAS.
- 2. CUSTOMER AGREES THAT PAYMENT FOR GOODS SHALL BE MADE TO BUILDERS EQUIPMENT & SUPPLY CO ON OR BEFORE THE 10TH DAY OF EACH MONTH FOLLOWING THE DATE UPON WHICH THE GOODS WERE RECEIVED. TEXAS BUILDING PRODUCTS. CUSTOMER AGREES THAT PAYMENT FOR GOODS SHALL BE MADE ON OR BEFORE THE 30TH OF EACH MONTH. CUSTOMER ALSO AGREES THAT IF THE ENTIRE BALANCE SHOWN ON THE MONTHLY STATEMENT IS NOT PAID IN FULL ON OR BEFORE THE LAST WORKING DAY OF THE MONTH FOLLOWING THE DATE THE GOODS WERE RECEIVED BY CUSTOMER A FINANCE CHARGE CONSISTING OF PERIODIC INTEREST SHALL BE ASSESSED AGAINST THE ACCOUNT BY APPLYING PERIODIC RATE OF 1 ½% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%) WHICH WILL ACCRUE ON ALL BALANCES DUE, OWING, AND UNPAID AFTER THE LAST WORKING DAY OF EACH MONTH UNTIL PAID.
- 3. CUSTOMER HAS THE RIGHT TO REVIEW FINAL PRICING ON EACH INVOICE. SHOULD A PRICING QUESTION ARISE, CUSTOMER SHOULD CONTACT THEIR ASSIGNED SALESMAN TO REVIEW THE PRICING ISSUE. IF NO ACCOUNT SALESMAN HAS BEEN ASSIGNED, CUSTOMER SHOULD CONTACT THE ACCOUNTS RECEIVABLE DEPARTMENT DIRECTLY. ALL PRICING ADJUSTMENTS MUST BE MADE TO CUSTOMERS INVOICE WITHIN 90 DAYS OF THE INVOICE DATE IN ORDER FOR A PRICE ADJUSTMENT TO BE MADE TO THE INVOICE(S) IN QUESTION.
- 4. IT IS THE INTENT OF BUILDERS EQUIPMENT & SUPPLY CO. AND/OR TEXAS BUILDING PRODUCTS AND CUSTOMER TO COMPLY WITH ALL APPLICABLE USURY LAWS, ACCORDING IT IS AGREED THAT IN NO EVENT SHALL THIS AGREEMENT REQUIRE THE PAYMENT OR PERMIT THE COLLECTION OF INTEREST IN EXCESS OF THE MAXIMUM AMOUNT PERMITTED BY LAW. IN THE EVENT THAT THE PROVISIONS OF THIS AGREEMENT WOULD RESULT IN A CONTRACT FOR INTEREST IN EXCESS OF THAT PERMITTED BY LAW THEN (1) CUSTOMER SHALL NOT BE OBLIGATED TO PAY THE AMOUNT OF SUCH INTEREST TO THE EXTENT THE FINANCE CHARGE IS IN EXCESS OF THE MAXIMUM AMOUNT OF INTEREST PERMITTED BY I AW
- 5. CUSTOMER AGREES THAT, IN THE EVENT OF BUILDERS EQUIPMENT & SUPPLY CO, AND/OR TEXAS BUILDING PRODUCTS, IT'S SUCCESSORS OR ANY OF IT'S AFFILIATED COMPANIES AND DIVISIONS. IS REQUIRED TO EMPLOY AN ATTORNEY FOR PURPOSES OF COLLECTION AND UNPAID AMOUNTS, CUSTOMER WILL PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES, IN ADDITION TO THE INTEREST ACCRUED ON SUCH UNPAID AMOUNTS AS PROVIDED FOR BY THIS AGREEMENT.
- 6. BY EXECUTION OF EACH INVOICE, CUSTOMER AFFIRMS THAT IT IS NOT INSOLVENT AS DEFINED BY THE TEXAS BUSINESS AND COMMERCE CODE OR THE UNITED STATES BANKRUPTCY CODE AND CUSTOMER AFFIRMS THAT THE GOODS RECEIVED BY CUSTOMER PURSUANT TO EACH INVOICE ARE NOT PURCHASED FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES.

IN WITNESS WHEREOF, THE PARTIES HAVE CAUSED THIS AGREEMENT TO BE DULY EXECUTED AS OF THE DAY AND YEAR ABOVE.

BUILDERS EQUIPMENT & SUPPLY CO. AND/OR TEXAS BUILDING PRODUCTS			
NAME OF BUSINESS			
SIGNATURE OF OFFICER	DATE		
PRINT NAME			

PERSONAL GUARANTY

In consideration for extending credit to the named applicant shown below, the undersigned intending to be legally bound, hereby agrees, jointly, individually and severally to guarantee payment to Hi-Standard Equipment & Supply Co., Inc. Dba, Builders Equipment & Supply Company, and/or Texas Building Products, it's successors and assigns and any of its affiliated companies and divisions, all amounts due including service charges, interest, third-party collection fees, plus court costs and attorney fees. This guaranty is open, continuing, absolute, and unconditional and shall continue in full force, not withstanding any charges in the form of indebtedness, or any renewals or extensions as may be granted by Hi-Standard Equipment & Supply Co, Inc. Dba Builders Equipment & Supply Company, and/or Texas Building Products until revoked in writing via Certified Mail. This guaranty shall be binding upon the undersigned, their executors, administrators and assigns, but shall not be assigned by them without written consent of Hi-Standard Equipment & Supply Co., Inc. dba Builders Equipment & Supply Company and/or Texas Building Products.

PRINT NAME	SIGNATURE	DATE

AUTHORIZED BUYERS FORM

Please list in the spaces provided below only the owner, officers, or employees authorized to purchase for your company. By doing so, it will allow us to safeguard your account from un-authorized purchases. In the event that an authorized buyer listed here leaves your company or you decide you no longer want them to have charge authorization, please contact us as soon as possible so that we have your most current list at all times. Please send us any changes to the Authorized Buyers Form on your company's letterhead, signed by an owner or officer of the company.

Signature	

Thank you for chosing Builders Equipment & Supply Co and/or Texas Building Products as your supplier, we appreciate your business!

TRADE REFERENCES

Company Name:		Ac	count Number:	_
Address:				
City:		State:	Zip:	_
Phone:	Fax:	Email:		
Company Name:		Ac	count Number:	_
Address:				
City:		State:	Zip:	_
Phone:	Fax:	Email:		
Company Name:		Ac	count Number:	_
Address:				
City:		State:	Zip:	_
Phone:	Fax:	Email:		_
Confirmatio	n of Information	Accuracy and Relea	ase of Authorization to	Verify:
credit application is fo successors and or affil- understand that Builde other sources of credit hereby authorize the b necessary to assist Bui	r use by Builders E iated companies in ers Equipment & Su information which ank and trade refered ders Equipment &	quipment & Supply Co determining the amoun apply Co., Inc and/or Te it considers necessary is ences listed in this credi	orrect. The information ir, Inc. and/or Texas Building and conditions of credit texas Building Products main making this determination to release the Texas Building Products, credit.	ng Products, it's to be extended. I y also utilize on. Further, I e information
for Builders Equipmer	nt & Supply Co. An	d Net 30 for Texas Bui	zed. Approved Accounts Iding Products. and to the extent allowed by	
	Your interest a	nd cooperation is since	rely appreciated.	
Signature		Typed or P	rinted Name	

Date

Title

PROJECT INFORMATION SHEET

CUSTOMER INFORMATION			
Name:		Phone:	
Address:		-	Suite:
City/State/Zip:			
Project Manager:		Email:	
Customer PO:	Date:		Amount:
PROJECT INFORMATION	Public, Private or Governme	ent job (circ	sle one)
Name:		Phone:	
Project Address:			County:
City/State/Zip:			
Legal Description: (attach copy)			
ARCHITECT FIRM :			
**Tax Exempt? (circle one) Yes No	* Attach a copy of Tax Exempt Form		
PROJECT OWNER Name:		Phone:	
Address:			Suite:
City/State/Zip:			-
Contact Person:	Email:		
GENERAL CONTRACTOR			
Name:		Phone:	
Address:			Suite:
City/State/Zip:			
Project Manager:	Email:		
DONDING INFORMATION.			
BONDING INFORMATION: Policy No.			
Name of Surety:		Phone:	
Address:		· Hone.	Suite:
City/State/Zip:			

IF A PAYMENT BOND EXISTS, PLEASE ATTACH A COPY TO THIS FORM