

C&M Truss LLC dba CMT Components 8319 Ashridge Arnheim Rd., Sardinia, OH 45171 office (937) 446-3400 fax 937-446-3449

Name _____		Federal ID # _____	
Street Address _____	City _____	State _____	Zip Code _____
Phone _____	Date Firm Started _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____
Net Worth of Business _____	Amount of Credit Requested _____		

NAMES OF OFFICERS/PARTNERS/OWNERS

Name _____	Name _____
Social Security Number _____	Social Security Number _____
Home Address _____	Home Address _____
City/State/Zip _____	City/State/Zip _____
Title _____	Title _____

BANK REFERENCES

Bank Name _____	Contact Name _____	Bank Name _____	Contact Name _____
Street Address _____		Street Address _____	
City/State/Zip _____		City/State/Zip _____	
Phone _____		Phone _____	
Checking Account # _____		Checking Account # _____	
Loan # _____		Loan # _____	

SUPPLIER REFERENCES

Name _____	Name _____
Street Address _____	Street Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
High Credit Balance _____	High Credit Balance _____

If this application is accepted and an account established, the applicant shall have entered into a contract with C&M Truss, LLC dba CMT Components. subject to the terms and conditions of said account, and any future amendments thereto. Account holders issued the same account numbers and all users thereof shall be jointly and severally liable for repayment of all amounts incurred through the use of the account number and all applicable late charges. (Currently the late charge is computed by applying a single monthly rate of 2% per month which is an ANNUAL PERCENTAGE RATE of 24% to the Previous Balance Shown on prior monthly statement reduced by all payments and credits. Minimum late charge is \$2.00).

Signed _____ date _____

Signed _____ date _____

C&M Truss LLC dba CMT Components 8319 Ashridge Arnheim Rd., Sardinia, OH 45171 office (937) 446-3400 fax 937-446-3449

In consideration that **C&M Truss LLC dba CMT Components** of Sardinia Ohio, sells and delivers to

_____ an entity authorized to do business in the State of Ohio,
name of business

building materials and other merchandise on credit, on and after the date hereof, I, or we, do hereby jointly and

severally guarantee payment to said **CMT Components** for all building materials and merchandise so

sold and delivered from time to time and also for all building materials and merchandise heretofore sold and

delivered by said **CMT Components** to _____.
name of business

This shall be a continuing guarantee for all sales heretofore and hereafter made by said **CMT Components** to said _____ and shall continue as to all sales made
name of business

prior to the time that notice of its termination shall be given by the undersigned to said **CMT Components** in writing by mail or otherwise.

It is understood that **CMT Components** will at any time promptly, upon written request, furnish to the undersigned a complete statement of the amount of the indebtedness covered by this guarantee and then unpaid.

I, or we, hereby waive notice of the acceptance of this guarantee, notice of purchases and maturity of payments, notice of default in payment by the said _____
name of business

and all other notices required or customarily given under like circumstances.

Further, should _____ default on any payment on
name of business

the statement of account for building materials and merchandise delivered to it by **CMT Components**,

I, or we, hereby guarantee to pay all collections expenses including a reasonable attorney fee to

CMT Components which might be incurred by **CMT Components** to collect the outstanding indebtedness owed on the statement of account by

name of business

Signed at _____, OH this _____ day of, _____
City day year

Witness Printed Name

Account Guarantor Printed Name

Witness Signature

Account Guarantor Signature

C&M Truss LLC dba CMT Components 8319 Ashridge Arnheim Rd., Sardinia, OH 45171 office (937) 446-3400 fax 937-446-3449

Note to applicant: This form is to be filled out by the bank for account information. The applicant must sign the applicant's authorization at the bottom of the page and then return it to CMT Components to be forwarded to the bank.

DATE: _____ REGARDING: _____
credit account applicant

TO: _____
name of bank

ATTN: _____

ACCOUNT NUMBER(S) _____

The above referenced party has applied for credit with **CMT Components**. Since you have been named as their commercial bank, we would appreciate your assistance by completing this form and returning it to us as soon as possible. Thank you.

Date opened: _____

NSF history: _____

Account balance: _____

Average balance: _____

Account history: _____

Completed by:

Name: _____

Title: _____

APPLICANT'S AUTHORIZATION: (please fill in bank name and sign)

hereby authorize _____
bank

name to release the above information to **C&M Truss LLC dba CMT Components**

Applicant's signature

Date

Company title