

Midwest HARDWOOD CORPORATION
 9540 83RD AVENUE NORTH
 MAPLE GROVE, MN 55369

APPLICATION FOR CREDIT
PHONE: 763-391-6748 FAX: 763-391-6765

COMPANY FULL LEGAL NAME: _____

PHYSICAL LOCATION/ SHIP TO ADDRESS: _____

BILLING ADDRESS IF DIFFERENT THAN ABOVE: _____

PHONE (____) _____ FAX (____) _____ WEBSITE _____

ACCOUNTS PAYABLE CONTACT _____ E-MAIL _____ BILLING FAX _____

CHECK LEGAL STATUS : PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

STATE OF INCORPORATION/OR REGISTRATION OF PARTNERSHIP _____ FEDERAL ID # _____ STATE ID # _____

ARE YOU EXEMPT FROM SALES TAX? YES _____ NO _____ (IF YES, PLEASE ATTACH EXEMPTION CERTIFICATE)

LIST ALL OWNERS, PARTNERS, OR CORPORATE OFFICERS: (Please include titles)

NAME _____ NAME _____

TITLE _____ DOB _____ TITLE _____ DOB _____

ADDRESS _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

PHONE _____ SS# _____ PHONE _____ SS# _____

COMPANY agrees to provide to Creditor updated financial information on request, and to provide an annual financial statement to Creditor as a condition of the continuation of credit. COMPANY agrees to provide Creditor with an updated credit application each year as a condition for the continued extension of credit.

BANK REFERENCE:

Bank	Account #(s)	Address/City/State/Zip

Bank Officer	Department	Phone #	Fax #

TRADE REFERENCES:

BUSINESS NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

COMPANY hereby makes this application for credit to Midwest HARDWOOD CORPORATION (Creditor), and in making this application COMPANY agrees that all amounts shall be paid within the terms shown on each invoice, and if not paid according to said terms, are then delinquent. COMPANY agrees to pay finance charges of 1.5% per month on all delinquent balances. Should credit availability be granted by Creditor, all decisions with respect to the extension or continuation of credit shall be at sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion. COMPANY shall be responsible for all collection costs and attorney's fees in connection with any delinquent amount. COMPANY agrees to pay for all purchases according to the terms of Creditor. No terms of conditions of purchase orders different from the terms of Creditor will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by Creditor. COMPANY acknowledges and agrees that Creditor may utilize outside commercial and consumer credit reports to obtain information as well as contact the bank and business references listed above for the sole purpose of establishing, monitoring, renewal and extension of credit with the Creditor. **GUARANTOR, COMPANY AND MIDWEST HARDWOOD CORPORATION HEREBY IRREVOCABLY AGREE, CONSENT TO AND SUBMIT TO THE JURISDICTION AND VENUE OF ANY STATE OR FEDERAL COURT LOCATED IN THE STATE OF MINNESOTA AS FORUM FOR ANY AND ALL ACTIONS OR PROCEEDINGS ARISING FROM, RELATING TO, OR IN CONNECTION WITH ANY PURCHASES AND THE PERSONAL GUARANTY. IN CONSIDERATION OF THE INDIVIDUAL BENEFITS TO BE DERIVED BY ME, I, THE UNDERSIGNED GUARANTOR, PERSONALLY AND INDIVIDUALLY AND WITHOUT TITLE, GUARANTY TO PAY ALL INDEBTEDNESS INCURRED BY THE ABOVE COMPANY. THIS PERSONAL GUARANTY SHALL REMAIN IN FULL FORCE AND EFFECT FOR ALL BALANCES PURCHASED PRIOR TO RECEIPT BY CREDITOR BY CERTIFIED MAIL AT THE FOLLOWING CORPORATE HEADQUARTERS ADDRESS OF NOTIFICATION OF A CHANGE OF OWNERSHIP. THIS AGREEMENT IS NOT A NOVATION BETWEEN THE PARTIES, BUT IS IN ADDITION TO ALL RIGHTS, GUARANTEES, AND REMEDIES CURRENTLY IN EXISTENCE BETWEEN THE PARTIES. FOR WISCONSIN RESIDENTS: EACH GUARANTOR WHO SIGNS BELOW AND IS MARRIED REPRESENTS THAT THIS OBLIGATION IS INCURRED IN THE INTEREST OF HIS OR HER MARRIAGE OR FAMILY.** All accounts shall be due and payable at 9540 83rd Avenue North, Maple Grove, Minnesota 55369.

THE PERSON SIGNING THIS APPLICATION CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION (AND ANY ATTACHMENTS) IS TRUE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

DATED: _____
 _____ Signature of Owner/Partner/President (GUARANTOR) _____ Print Name of Signature

DATED: _____
 _____ Signature of Owner/Partner/President (GUARANTOR) _____ Print Name of Signature

UNIFORM SALES & USE TAX CERTIFICATE MULTIJURISDICTION

ISSUED TO SELLER: MIDWEST HARDWOOD CORPORATION
 ADDRESS: 9540 83RD AVENUE NORTH
 MAPLE GROVE, MN 55369
 PHONE: 763-391-6748
 FAX: 763-391-6728

I CERTIFY THAT:
 NAME OF FIRM (BUYER): _____ IS ENGAGED AS A REGISTERED
 ADDRESS: _____ WHOLESALER _____
 _____ RETAILER _____
 PHONE: _____ MANUFACTURER _____
 FAX: _____ LESSOR _____
 _____ OTHER _____

AND IS REGISTERED WITH THE BELOW LISTED STATES AND CITIES WITHIN WHICH YOUR FIRM WOULD DELIVER PURCHASES TO US AND THAT ANY SUCH PURCHASES ARE FOR WHOLESALE, RESALE, INGREDIENTS OR COMPONENTS OF A NEW PRODUCT TO BE RESOLD, LEASED, OR RENTED IN THE NORMAL COURSE OF OUR BUSINESS. WE ARE IN THE BUSINESS OF WHOLESALE, RETAILING, MANUFACTURING, LEASING (RENTING) THE FOLLOWING:

DESCRIPTION OF BUSINESS: _____

GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM SELLER: _____

STATE	REGISTRATION OR ID NO.	STATE	REGISTRATION OR ID NO.
AL	_____	MS	_____
CA	_____	ND	_____
CO	_____	NE	_____
FL	_____	NY	_____
GA	_____	OR	_____
IA	_____	OH	_____
ID	_____	OK	_____
IL	_____	SC	_____
IN	_____	SD	_____
KS	_____	TN	_____
MA	_____	TX	_____
ME	_____	UT	_____
MI	_____	VT	_____
MN	_____	WA	_____
MO	_____	WI	_____
MT	_____	WY	_____

I FURTHER CERTIFY THAT ANY PROPERTY SO PURCHASED TAX FREE IS USED OR CONSUMED BY THE FIRM AS TO MAKE IT SUBJECT TO A SALES OR USE TAX WE WILL PAY THE TAX DUE DIRECTLY TO THE PROPER TAXING AUTHORITY WHEN STATE LAW SO PROVIDES OR INFORM THE SELLER FOR ADDED TAX BILLING. THIS CERTIFICATE SHALL BE PART OF EACH ORDER WHICH WE MAY HEREAFTER GIVE YOU, UNLESS OTHERWISE SPECIFIED, AND SHALL BE VALID UNTIL CANCELLED BY US IN WRITING OR REVOKED BY THE CITY OR STATE.

UNDER PENALTIES OR PERJURY, I SWEAR OR AFFIRM THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER.

AUTHORIZED SIGNATURE: _____ TITLE: _____
 (OWNER, PARTNER OR CORPORATE OFFICER)

DATE: _____