



A SYMBOL OF QUALITY
A SYMBOL OF SERVICE

DOLESE

20 N.W. 13TH STREET • P.O. BOX 677 • OKLAHOMA CITY, OKLAHOMA 73101
PHONE (405) 235-2311 • FAX NUMBER (405) 297-8236

CREDIT APPLICATION

PLEASE PROVIDE THE FOLLOWING INFORMATION ALONG WITH YOUR CREDIT APPLICATION

CONTACT NAME: _____

FULL LEGAL COMPANY NAME: _____

TYPE AND QUANTITY OF MATERIAL: _____

TYPE OF JOB – PLEASE SELECT: _____

RESIDENTIAL JOB: _____

COMMERCIAL JOB: _____

PUBLIC JOB: _____

GOVERNMENT JOB: _____

NEW CONSTRUCTION: _____

RENOVATION: _____

JOB ADDRESS INCLUDING CITY AND STATE: _____

LEGAL DESCRIPTION OF PROPERTY: _____

PROPERTY OWNER: _____

WHO IS THE GENERAL CONTRACTOR: _____

DO YOU HAVE A CONSTRUCTION LOAN? _____ WITH WHOM? _____

IS THIS A BONDED JOB? _____

BONDING AGENT OR SURETY CO: _____

TAX EXEMPT?

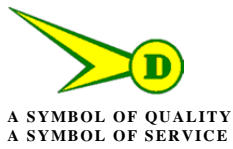
YES

IF YES, ATTACH EXEMPTION CERTIFICATE

NO

WHEN NEEDED: _____

SPECIAL INSTRUCTIONS: _____



DOLESE

Baton Rouge, Louisiana

Phone (800) 375-2311 • Fax (800) 330-8236

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY – PLEASE PRINT

Credit Application and Agreement

Legal Name of Individual or Entity – Include Trade Name (if different)		Length of Time in Business	Type of Business or Occupation	
Phone:		Fax:	Mobile:	
Person to contact about Account:		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Address (mailing)		City	State	Zip
Address (street)		City	State	Zip
NAMES OF OWNERS, OFFICERS OR MEMBERS				
Owner/Partner/President/Member	Address, City, State, Zip		Res. Phone ()	
			SS#	
Partner/Vice President/Member	Address, City, State, Zip		Res. Phone ()	
			SS#	
Partner/Secretary/Treasurer/Member	Address, City, State, Zip		Res. Phone ()	
			SS#	

Have any of the officers, partners, or owners ever filed Bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes Who:		When:
Have you done business under any other name in the past 5 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes Name:		
Bank Reference	Address, City, State, Zip	Phone ()	Bank Officer
Account Number			
Interim Finance Source-Bldg. Funds	Address, City, State, Zip	Phone ()	Person to Contact
Type and Quantity of Material Needed			
Name of Bonding Agency	Address, City, State, Zip	Phone ()	Name of Bonding Agent

CREDIT REFERENCES

Name #1 Account Number	Address	City	State	Phone ()
Name #2 Account Number	Address	City	State	Phone ()
Name #3 Account Number	Address	City	State	Phone ()
Name #4 Account Number	Address	City	State	Phone ()

Signature required on Back of Application

INDIVIDUAL PERSONAL GUARANTY ON BACK OF APPLICATION MUST BE SIGNED BY PARTNERSHIPS, LIMITED LIABILITY COMPANIES AND CORPORATIONS.

PLEASE ATTACH A COPY OF MOST RECENT FINANCIAL STATEMENT

(For Office use only)
Dolese Sales Representative
Quantity and Type Material Sold
Point of Sale

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Dolese to investigate all references and customary credit information sources regarding my/our credit and financial responsibility for the purpose of obtaining credit.

TERMS AND CONDITIONS OF SALE:

All accounts are due on the 15th of the month for material invoiced during the preceding month. The undersigned agrees to pay for all purchases according to the terms of Dolese. No terms or conditions of purchase orders different from the terms of Dolese will become part of any sales agreement, purchase order, or other document unless specifically approved in a separate writing by Dolese. Additionally, the undersigned shall be responsible for all collection costs and attorney's fees in connection with any delinquent account.

VENUE: All amounts due for purchases from Dolese are payable at 20 NW 13th, Oklahoma City, OK 73103. It is further agreed that this agreement is entered into the city of Baton Rouge, in the state of Louisiana and is governed by the laws of the state of Louisiana.

CHANGE OF OWNERSHIP: I/We understand that we must notify Dolese in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

If a duplicate or reproduction of this agreement is transmitted to Dolese by a facsimile machine, such duplicate or reproduction shall be deemed the equivalent of the original for all purposes and I/we hereby waive the right to question the authenticity of the original.

Date	Name of Business or Individual
Signature of Applicant	Signature of Applicant
Title	Title

AUTHORIZATION FOR DOLESE TO OBTAIN A CONSUMER CREDIT REPORT

The undersigned hereby consent(s) to Dolese using a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s), and/or guarantor(s) in connection with the extension of business credit as contemplated by the credit application(s) submitted by the undersigned. The undersigned hereby authorize(s) Dolese to utilize a consumer report on the undersigned from time to time in connection with the extension of or continuation of the business credit represented by the credit application(s) submitted by the undersigned. The undersigned as (an) individual(s) hereby knowingly consent to the use of such reports consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

Date: _____

1.	Print Name	Social Security No.	Signature
2.	Print Name	Social Security No.	Signature
3.	Print Name	Social Security No.	Signature

INDIVIDUAL PERSONAL GUARANTY

Date: _____

(Printed name of Guarantor #1)
(Printed name of Guarantor #2)
(Printed name of Guarantor #3)

For and in consideration of your extending credit at my/our request to

(Name of Business)

(hereinafter referred to as the Company) for which I/we, hereby personally guarantee to you the payment at 20 NW 13th Street, Oklahoma City, Oklahoma, of all obligations of the Company, including interest, attorney fees, and costs, and I/we hereby agree to bind myself/ourselves to pay you on demand of any sum which may become due to you by the Company whenever the Company shall fail to pay same. It is understood that the guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness for the Company. I/We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Please have signatures witnessed

Guarantor #1 (sign here)	Guarantor #2 (sign here)	Guarantor #3 (sign here)
Residing at _____	Residing at _____	Residing at _____

Witness

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania, NW, Washington, D.C. 20580.