

KLINKER'S LUMBER & BUILDERS' SUPPLIES, INC.

PAINTS, VARNISH * LUMBER * CABINETS * WINDOW GLASS * BUILDER'S HARDWARE * ELECTRICAL SUPPLIES
CEMENT * ROOFING * INSULATION * WALL BOARDS * SPOUTING * PLASTIC PIPE & FITTINGS * PLUMBING SUPPLIES

100 SEVENTH STREET

PHONE (614) 947-2134

WAVERLY, OHIO 45690

CREDIT APPLICATION FOR CONSUMERS

| | | | | |
|---|------------|---|---|----------------------|
| THIS REQUEST IS FOR: | | <input type="checkbox"/> A NEW CHARGE ACCOUNT | 30 DAY CREDIT LIMIT DESIRED | \$ _____ |
| | | <input type="checkbox"/> A REVISED CREDIT LIMIT | NEW CREDIT LIMIT DESIRED | \$ _____ |
| FULL NAME | | DATE OF BIRTH | | SS# |
| HOME ADDRESS (NUMBER AND STREET) | | HOME PHONE NUMBER | | NUMBER OF DEPENDENTS |
| CITY | STATE | ZIP CODE | | YEARS THERE |
| RESIDENCE | | MORTGAGE/RENT PAYMENT | | MORTGAGOR/LANDLORD |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENTS | | \$ _____ PER MONTH | | |
| PREVIOUS ADDRESS (IF LESS THAN 2 YEARS) | | | | YEARS THERE |
| EMPLOYED BY | | ADDRESS (NUMBER & STREET) | | |
| CITY | STATE | ZIP CODE | PHONE | HOW LONG |
| POSITION | NET INCOME | | SOURCE OF OTHER INCOME | AMOUNT |
| FORMER EMPLOYER & ADDRESS | | | | |
| BANK NAME & ADDRESS | | | <input type="checkbox"/> CHECKING ACCOUNT # _____ | |
| | | | <input type="checkbox"/> SAVINGS ACCOUNT # _____ | |
| JOINT APPLICANT'S FULL NAME | | DATE OF BIRTH | | SS# |
| JOINT APPLICANT ADDRESS | | HOME PHONE NUMBER | | NUMBER OF DEPENDENTS |
| CITY | STATE | ZIP CODE | | YEARS THERE |
| RESIDENCE | | MORTGAGE/RENT PAYMENT | | MORTGAGOR/LANDLORD |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENTS | | \$ _____ PER MONTH | | |
| PREVIOUS ADDRESS (IF LESS THAN 2 YEARS) | | | | YEARS THERE |
| EMPLOYED BY | | ADDRESS (NUMBER & STREET) | | |
| CITY | STATE | ZIP CODE | PHONE | HOW LONG |
| POSITION | NET INCOME | | SOURCE OF OTHER INCOME | AMOUNT |
| FORMER EMPLOYER & ADDRESS | | | | |
| BANK NAME & ADDRESS | | | <input type="checkbox"/> CHECKING ACCOUNT # _____ | |
| | | | <input type="checkbox"/> SAVINGS ACCOUNT # _____ | |

CREDIT REFERENCES

| NAME OF CREDITOR | ADDRESS | PHONE | ACCT. # | MONTHLY PAYMENT | BALANCE |
|------------------|---------|-------|---------|-----------------|---------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |

| APPLICANT'S NEAREST RELATIVE NOT LIVING WITH APPLICANT. | NAME | ADDRESS | BUSINESS PHONE NUMBER | RELATIONSHIP |
|---|------|---------|-----------------------|--------------|
| | | | | |

I/We understand that monthly statements will include purchases through the last day of the month. Payment of balance on account is due by the last day of the month following purchases. To accounts not paid by the last of the month, I/We agree to pay a monthly FINANCE CHARGE OF 1% (ANNUAL PERCENTAGE RATE 12%). Minimum FINANCE CHARGE is \$1.00. I/We agree that when our account(s) become 30 days past due, no further charges are allowed unless minimum past due amount is paid in full. I/We agree that inactivity of the account(s) to which this application shall apply or a request for a higher credit limit will require a new application. I/We authorize Klinker's Lumber & Builders' Supplies to obtain reports to be used in connection with this application, and to obtain further credit information from any of the persons or firms set forth in this application. I/We understand that Klinker's Lumber & Builders' Supplies reserves a security interest in all merchandise sold on credit until the purchase price plus all late payment charges are paid in full. Additional terms are contained on the back.

PERSONAL SIGNATURE GUARANTEE**

DATE

X

X

JOINT APPLICANT PERSONAL SIGNATURE GUARANTEE**

DATE

X

X

*(THE ABOVE SIGNED INDIVIDUAL(S) GUARANTEES PAYMENT OF ALL CHARGES)

We calculate the FINANCE CHARGE on your account by applying the periodic rate to the "adjusted balance" of your account. We compute the "adjusted balance" by taking the balance you owe at the end of the previous billing cycle and subtracting any unpaid finance charges and any payments and credits received during the present billing cycle. If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at 100 Seventh Street, Waverly, Ohio 45690, as soon as possible. We must hear from you no later than sixty (60) days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information: Your name and account number; the dollar amount of the suspected error; describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.