

KUIKEN BROTHERS COMPANY INC.

RESIDENTIAL & COMMERCIAL BUILDING MATERIALS *Since 1912*

CREDIT APPLICATION

Page 1 of 4

FAIR LAWN, NJ

Headquarters
6-02 Fair Lawn Ave.
P.O. Box 1040
Fair Lawn, NJ 07410-8040
Tel 201.796.2082
Fax 201.703.9230

Other Kuiken Brothers
Company Locations:

EMERSON, NJ

Tel 201.262.6666
Fax 201.262.6082

MIDLAND PARK, NJ

Tel 201.652.1000
Fax 201.493.0457

WANTAGE, NJ

Tel 973.875.5106
Fax 973.875.0810

WARWICK, NY

Tel 845.986.2255
Fax 845.986.2258

SUCCASUNNA, NJ

Tel 973.968.7700
Fax 973.584.3157

ROSELAND, NJ

Tel 973.226.5700
Fax 973.226.2909

GARFIELD, NJ

Tel 973.772.0044
Fax 973.772.4909

Check: FOR BUSINESS ACCOUNT FOR PERSONAL ACCOUNT

Name _____ Date _____
Address _____ No. of Projects/Homes Per Year _____
City _____ State _____ Zip _____ Desired Line of Credit _____
Tax I.D. # or S.S. # _____ Telephone # _____
Year Established _____ Fax # _____
Cell Phone # _____ E-mail address: _____
Driver's License # _____

Business Type

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Builder/Developer	<input type="checkbox"/> Specialized / Subcontractor
<input type="checkbox"/> New Homes <input type="checkbox"/> Remodels/Additions <input type="checkbox"/> Commercial <input type="checkbox"/> Other (describe below) _____	<input type="checkbox"/> Custom Home Builder <input type="checkbox"/> Spec Homes <input type="checkbox"/> Condos/townhomes <input type="checkbox"/> Commercial <input type="checkbox"/> Other (describe below) _____	<input type="checkbox"/> Framing Contractor <input type="checkbox"/> Decks <input type="checkbox"/> Roofing <input type="checkbox"/> Kitchen Contractor <input type="checkbox"/> Finish Carpentry <input type="checkbox"/> Siding <input type="checkbox"/> Trim Carpenter <input type="checkbox"/> Other (describe below) _____

Bank Name _____ Branch Mailing Address _____
Checking Acct # _____
Savings Acct # _____

Principals of the Business:

Name _____ Owner/Partner/Corporate Officer _____
Social Security # _____ Residence Address _____
Telephone# _____ City _____
Driver License # _____ State _____ Zip _____

Name _____ Owner/Partner/Corporate Officer _____
Social Security # _____ Residence Address _____
Telephone# _____ City _____
Driver License # _____ State _____ Zip _____

Please attach list if more than 2 principals.

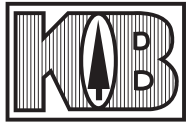
Dispute and Claims Resolution: All claims, issues and matters in dispute that may arise shall be decided in binding arbitration by the American Arbitration Association in accordance with its Construction Industry Arbitration Rules. By signing below, the Applicant(s) and Guarantor(s) of this application, understands that it is giving up its right of access to the courts and agrees to have all disputes resolved in binding arbitration. The obligation to arbitrate shall not be limited by the type of claim asserted, regardless of whether the claim arises out of any applicable statutes, including the Consumer Fraud Act and the home improvement contractor regulations thereunder.

CREDIT VERIFICATION: (for Business and Personal Accounts)

I give my permission to THE KUIKEN BROTHERS COMPANY AND ITS SUBSIDIARIES AND AFFILIATES to verify all given information at their discretion during the course of doing business. This may include major credit bureaus. I also understand that any false information concerning names, addresses and Corporation connections could be misconstrued as a fraudulent statement.

Signature of Applicant _____ Title _____

Signature of Co-Applicant _____ Title _____



CREDIT APPLICATION

LINE OF CREDIT AGREEMENT (for Business or Personal Accounts)

In this agreement the words YOU and YOUR mean the Customer(s) who signs below. WE, US and OUR mean THE KUIKEN BROTHERS COMPANY AND ITS SUBSIDIARIES AND AFFILIATES.

AGREEMENT. This is the Agreement that covers your purchases from us and your line of credit for those purchases. When we agree to allow you to purchase goods under this line of credit, we are relying upon the information you have given us in your Application. You guarantee that this information is true and correct and that any future information you give us will also be true and correct. We may, upon request, require updated information. You agree to provide us this information upon our request. The establishment of a line of credit is only a guideline and you agree to pay for any and all purchases within or in excess of your established line of credit. THE KUIKEN BROTHERS COMPANY AND ITS SUBSIDIARIES AND AFFILIATES can in no way be held liable for allowing purchases to exceed the established or requested credit limit. The line of credit is an accommodative arrangement for our customers by which KBCo extends a specified maximum monthly balance to be maintained for a 30 day period of time. Any unpaid balance extending beyond the 30 days from the 28th of each month shall bear a simple late fee.

CANCELLATION AND AMENDMENT. We have the right to cancel this Agreement at any time or to amend its terms, by notifying you in writing. Your obligation however, to repay amounts you already owe under this agreement, will continue until it is paid in full.

PROMISE TO PAY. You promise to pay us or anyone we designate all amounts plus late fees (if any) for all purchases made under this line of credit plus collection costs, whether or not a lawsuit is filed, and any other amounts you owe us.

BILLING AND STATEMENTS. Each month we will mail, fax or e-mail you a Statement. This Statement will show all of your purchases made under this line of credit, all payments by you, and any late fees charged by us to this line of credit. Full payments of the entire balance of your line of credit must be made on or before the 28th of the month. If you do not pay the entire balance by or on the 28th, we will add late fees to the past due amount of your purchases at the rate of 1.5% per month (18% per year).

ENTIRE BALANCES DUE. If you miss a payment under this or any other obligation you owe us, or if you violate any of the terms of this Agreement, we can declare the entire balance of this line of credit due and payable immediately with or without notice or demand to you.

COLLECTION. If we are forced to start collection proceedings to recover amounts you owe under this line of credit, you agree to pay all costs and expenses, including collection agency and/or reasonable attorneys' fee. In the event a check is returned for any reason, you will be charged the prevailing bank fee.

LAW THAT APPLIES. Law of the State of New Jersey shall govern this agreement. If purchases are made in our Warwick, New York location New York laws will govern this agreement.

DELEGATION OF AUTHORITY. You authorize us to sell goods to your designated agents and principals and agree that their purchase shall be your obligations under this Agreement.

Date _____	By: _____	_____
	Signature of Customer	Printed Name
_____	By: _____	_____
Company or Individual Name	Signature of Customer	Printed Name

GUARANTY

BASIC GUARANTY. In order for THE KUIKEN BROTHERS COMPANY AND ITS SUBSIDIARIES AND AFFILIATES to make available a line of credit to the above Customer(s), the undersigned guaranty that the above Customer(s) will punctually pay whatever it owes THE KUIKEN BROTHERS COMPANY AND ITS SUBSIDIARIES AND AFFILIATES and that the undersigned Guarantor(s) guaranty repayment of all the above Customer(s) obligations under this line of credit, including Collection Agency and/or Attorney's fees and any late fees incurred.

RELIANCE. THE KUIKEN BROTHERS COMPANY AND ITS SUBSIDIARIES AND AFFILIATES may continue to sell goods to the above Customer(s) under his line of credit based upon this guaranty until the undersigned Guarantor(s) give written notice to THE KUIKEN BROTHERS COMPANY not to do so.

Date _____	_____	_____
	Signature of Guarantor	Printed Name
Date _____	_____	_____
	Signature of Guarantor	Printed Name
Date _____	_____	_____
	Signature of Guarantor	Printed Name



CREDIT APPLICATION

TRADE REFERENCES WHERE CREDIT NOW EXTENDED (Include all building material suppliers):

- 1) Name _____ Contact _____
 Complete Mailing Address _____
 Telephone # _____ Fax # _____
 Nature of Services or Materials Provided _____ Account # _____
- 2) Name _____ Contact _____
 Complete Mailing Address _____
 Telephone # _____ Fax # _____
 Nature of Services or Materials Provided _____ Account # _____
- 3) Name _____ Contact _____
 Complete Mailing Address _____
 Telephone # _____ Fax # _____
 Nature of Services or Materials Provided _____ Account # _____
- 4) Name _____ Contact _____
 Complete Mailing Address _____
 Telephone # _____ Fax # _____
 Nature of Services or Materials Provided _____ Account # _____

PERSONAL REFERENCES:

- 1) Name _____ Contact _____
 Complete Mailing Address _____
 Telephone # _____ Fax # _____
 Relationship _____ Number of Years Acquainted _____
- 2) Name _____ Contact _____
 Complete Mailing Address _____
 Telephone # _____ Fax # _____
 Relationship _____ Number of Years Acquainted _____

EMPLOYMENT INFORMATION:

Name of Employer _____ Contact _____
 Complete Mailing Address _____
 Telephone # _____ Fax # _____
 Date of Employment _____

Have you or any company which you were associated been subject to any bankruptcy proceedings? Yes No If Yes, date _____

***IS THE FIRST ORDER FOR A SPECIFIC PROJECT?**

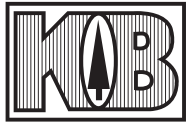
Yes No If yes, what type of project? _____ If Bonded, Surety Name _____ Bond # _____
 Approximate dollar amount to be purchased \$ _____ Lot # _____ Block # _____
 Complete Address of Project _____

If project is Bank Financed, please provide proof of financing (e.g. copy of Construction Loan, Commitment Letter, etc.)

* Although you are always free to use your account at any of our locations, which one do you anticipate visiting MOST frequently?

- Fair Lawn, NJ Emerson, NJ Midland Park, NJ Wantage, NJ
- Warwick, NY Succasunna, NJ Garfield, NJ Roseland, NJ

**PLEASE NOTE: Fax copies of this application are acceptable to begin processing, but an original signed document must be mailed to our office. Please complete all requested information to avoid delays in processing your application.*



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Tel 201.796.2082
Fax 201.703.9230

***Applicant:** Only your signature is required on this form. We will forward it to your bank for the credit information.

CONFIDENTIAL BANK CREDIT REPORT

TO: _____ DATE: _____

ON: _____

*Other Kuiken Brothers
Company Locations:*

Dear Financial Institution:

In order that we may consider opening a credit account with the above, we ask you in confidence to complete and return the following information:

EMERSON, NJ

Tel 201.262.6666
Fax 201.262.6082

CHECKING ACCOUNTS

MIDLAND PARK, NJ

Tel 201.652.1000
Fax 201.493.0457

Account Number: _____ Average Balance: Low _____ Figures
Dated Opened: _____ Medium _____ Figures
High _____ Figures

WANTAGE, NJ

Tel 973.875.5106
Fax 973.875.0810

Checks returned for uncollected and/or insufficient funds? _____ Yes _____ No

Account Number: _____ Average Balance: Low _____ Figures
Dated Opened: _____ Medium _____ Figures
High _____ Figures

WARWICK, NY

Tel 845.986.2255
Fax 845.986.2258

Checks returned for uncollected and/or insufficient funds? _____ Yes _____ No

SUCCASUNNA, NJ

Tel 973.968.7700
Fax 973.584.3157

SAVINGS ACCOUNT

Account Number: _____ Average Balance: Low _____ Figures
Dated Opened: _____ Medium _____ Figures
High _____ Figures

ROSELAND, NJ

Tel 973.226.5700
Fax 973.226.2909

LOAN EXPERIENCE

GARFIELD, NJ

Tel 973.772.0044
Fax 973.772.4909

Highest Credit Given: _____ Current Outstanding: _____
Loan Purpose: _____ Secured: _____ Unsecured: _____
Collateral: _____ Experience: _____

REMARKS: _____

Very Truly Yours,
THE KUIKEN BROTHERS COMPANY

X _____

***Authorized Signature of Applicant**