



Roofing Products of Michigan, Inc

29400 Stephenson Hwy Madison Heights Mi 48071
Phone: 248 542-9800 Fax 248 542-9806

Credit Application and Agreement

Customer Information

Company Name _____

Address _____ Phone No. _____

City _____ State _____ Zip: _____

Type of Business _____ Fed ID# _____

COMPLETE LIST OF OFFICERS/OWNERS

___ Sole Proprietorship ___ Partnership ___ Corporation ___ LLC ___ LLP

Table with 4 columns: NAME, ADDRESS, CITY/STATE/ZIP, TITLE/SOCIAL SEC #

BANK _____ ACCOUNT NUMBER _____

Contact _____ Phone No. _____

TRADE REFERENCES:

NAME OF COMPANY ADDRESS ACCOUNT NO. PHONE NO.

Table with 4 columns for trade references: NAME OF COMPANY, ADDRESS, ACCOUNT NO., PHONE NO.

Initials _____

Amount of Credit Requested _____

Will Purchase Orders be Used _____ YES _____ NO

Tax exemption information:

Purchases will be _____ completely tax exempt

_____ partially Tax exempt

_____ Taxable

DATE _____

In consideration of the extension of credit to _____ (hereinafter called "Purchaser), by _____ I/we jointly and severally guarantee the payment to Roofing Products of Michigan of Purchaser's indebtedness to Roofing Products of Michigan. The word indebtedness means the sum of Purchaser's obligations unpaid and owing for present and future purchases.

I/we jointly and severally agree to pay Purchaser's said indebtedness when due, without the necessity of any action or proceeding.

This Guaranty and Subordination shall be construed in accordance with, and governed by, the laws of the State of Michigan. Venue shall be Oakland County, Michigan.

I (We) have read and understand all of the terms and conditions herein having had the opportunity to consult with counsel of my (our) choice.

GUARANTOR _____ (signature) _____ (printed name)
Address _____
State _____
Telephone No. _____
Social Security No. _____
Date Signed _____

A signed exemption certificate must be attached if exemption is (partially or completely) claimed.

Tax Identification No. _____

This agreement is between Roofing Products of Michigan and the Customer named above. In consideration of the extension of credit, the customer promises and agrees to the following:

1. To pay all invoices within their agreed upon terms.
2. Any past due accounts shall bear an interest rate of 1 1/2% Monthly, or 18% annually.

Signature _____

Printed Name _____

Title _____

Dated _____