APPLICATION FOR CREDIT

ALAMOSA BUILDING SUPPLY

A trade name of WHITE HARDWARE COMPANY, INC.

1403 Tremont Ave.

Alamosa, CO 81101

719-587-0338/FAX 719-587-0471

Applicant Name: Type of Entity: Individual:Sole Proprietorship; Corporation; Limited Liability Company; Partnership Other ABS/LJTP Salesman If incorporated, what year and State: Federal Identification No.: or SSN No. Amount of Credit Requested: Mailing Address: Physical Address: City: State: Zip Physical Address: City: State: Zip Phone Number: Fax Number: Cell Number: Fax Number: Cell Number: Fax Number: Title: Home address: Home address: Home Phone Number: D.O.B.: Social Security No. Name: Title: How Long? Lorrent Occupation: Previous Employer: How Long? Mame of Bank Officer: Senath Name: Bank Name: Name of Bank Officer: How Long? Monthly Income: Bank Name: How Long? How Long? Monthly Income: Bank Name: Bank Address: Account Number: Name of Bank Officer: Previous Employer: How Long? Monthly Income: Bank Name: Bank Address: Account Number: Name of Bank Officer: Previous Employer: How Long? Monthly Income: Bank Address: Account Number: Name of Bank Officer: Previous Employer: How Long? Monthly Income: Bank Address: Account Number: Name of Bank Officer: Previous Employer: How Long? Previous Employer: How Long? Previous Employer: How Long?	Date:					
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CONTINUING PERSONAL GUARANTY

FOR AND IN CONSIDERATION OF the extension of credit under the terms of a written credit application for					
This guaranty shall apply to charges incurred by Applicant under the terms of the credit application. This guaranty shall also apply to any other indebtedness owed to Alamosa Building Supply by Applicant. This guaranty shall continue in force notwithstanding the incorporation of the Applicant, change in business form of the Applicant or any change in the form of the indebtedness or extensions of the indebtedness.					
I/We, will pay the account in full within ten (10) days of notice of Applicant's default. I/We understand this guaranty shall not be waived or impaired by any extension of time for payment to Applicant or by any means other than express written agreement. I/We agree to also pay all costs of collection including reasonable attorney fees. This agreement shall be deemed to have been entered into in the State of Colorado. Unless otherwise required by law, the parties agree that the Courts for Conejos County, State of Colorado shall have exclusive jurisdiction over any legal actions. The parties agree and consent to the jurisdiction of that court over the subject matter of those controversies and over them personally.					
Individually and Personally Date Social Security # Driver's License# Address					
CityStateZip Code					

Date

Individually and Personally

Individually and Personally Da Social Security #_____ Driver's License#____

Address_____City____State____Zip Code_____