

<p>NBRT ENTERPRISES, INC. dba DOHENY BUILDERS SUPPLY Ph (949) 240-3585 FAX (949) 240-1786</p>	<p>CREDIT APPLICATION</p>	<p style="text-align: right;">OFFICE USE <small>Revised 9/2013</small></p> <p>Date _____</p> <p>Salesperson _____</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Decline</p> <p>Limit _____</p>
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COMPANY NAME (OR INDIVIDUAL) _____

DBA: _____

STREET ADDRESS: _____

P.O. BOX: _____ CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ CELL: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

BUSINESS IS A: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Other _____

CONTRACTOR LICENSE #: _____ YEAR ISSUED: _____ RMO _____ RME _____

"Please attach a copy of your contractor license as part of this application"

TYPE OF BUSINESS OR SERVICE: _____ YEARS IN BUSINESS _____

ANTICIPATED MONTHLY PURCHASES FROM DOHENY: _____

CREDIT LIMIT REQUESTED: _____

WILL PURCHASE ORDERS BE REQUIRED FOR ALL PURCHASES: YES NO

SALES TAX STATUS: TAXABLE TAX EXEMPT (REQUIRES VALID RESALE CARD ON FILE)

NAMES OF PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT: _____

LIST OF NAMES OF CORPORATE OFFICERS, PARTNERS OR OWNERS

POSITION: _____ NAME: _____ CDL#: _____ SS# _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ E-MAIL: _____

POSITION: _____ NAME: _____ CDL#: _____ SS# _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ E-MAIL: _____

BANK REFERENCES

BANK NAME: _____ ACCOUNT #: _____

BRANCH: _____ MANAGER: _____ PHONE: _____

BANK NAME: _____ ACCOUNT #: _____

BRANCH: _____ MANAGER: _____ PHONE: _____

PRESENT OR PREVIOUS MATERIAL SUPPLIERS

COMPANY NAME: _____ CONTACT PERSON: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____ FAX: _____ TYPE OF MATERIALS: _____ CREDIT LIMIT: _____

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DBS IS PLEASED TO EXTEND CREDIT TO OUR QUALIFIED CUSTOMERS UNDER THE FOLLOWING TERMS AND CONDITIONS:

All Invoices are **due and payable on or before the 10th day** of the month following purchase. Invoices unpaid as of that time will be subject to a **LATE PAYMENT CHARGE OF 1 ½ %** of the invoice total for each month thereafter (18% per annum). The accruing of these charges will not affect Doheny's right to demand payment and take action to collect **past due accounts**. The Buyer promises to pay reasonable attorney's fees, collection costs, and actual court costs if the account is referred for collection.

No items will be accepted for RETURN without prior approval. **All return items are subject to a RETURN/RESTOCKING charge**. No terms or conditions of any PURCHASE ORDER(S) different from the terms of Doheny will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by Doheny.

SIGNATURE: _____ TITLE: _____ DATE: _____
PRINT NAME: _____

CONTINUING PERSONAL GUARANTEE

The undersigned jointly and severally, in consideration of the monthly billing privileges being extended to the above-named Applicant, do hereby unconditionally guarantee and promise to pay any and all obligations of said Applicant which have in the past or may in the future be owing to Doheny on open account or otherwise, including without limitation Late Payment Charges and attorney's fees. The undersigned waive any right to require Doheny to proceed against Applicant or pursue any other remedy and any statute of limitations pertaining hereto; and the undersigned further waive all demands for performance, notices of non-performance, and the incurrence or modification of existing or additional indebtedness. No delay in the enforcement of this Personal Guaranty shall affect the liability of any of the undersigned.

Executed at _____, this _____ day of _____, _____.
(City) (Date) (Month) (Year)

GUARANTOR (PLEASE PRINT) _____ SIGNATURE: _____