

PREMIER SUPPLY GROUP, INC

168 INDUSTRIAL PARK DRIVE, SUITE 3 NORTHAMPTON, MA 01060

NORTHAMPTON PLUMBING SUPPLY	168 INDUSTRIAL PARK DRIVE	NORTHAMPTON MA 01160	(413) 584-4250 FAX (413) 584-6205
BERKSHIRE COUNTY PLUMBING SUPPLY	305 STOCKBRIDGE ROAD	GT. BARRINGTON MA 01230	(413) 528-0056 FAX (413) 528-3389
FRANKLIN COUNTY PLUMBING SUPPLY	12 KENWOOD STREET	GREENFIELD MA 01301	(413) 774-6002 FAX (413) 774-3585
VERMONT PLUMBING SUPPLY	22 BROWNE COURT	BRATTLEBORO VT 05301	(802) 257-9230 FAX (802) 257-4681
PITTSFIELD PLUMBING SUPPLY	45 COMMERCIAL STREET	PITTSFIELD MA 01201	(413) 499-1902 FAX (413) 499-1963
HAMPDEN COUNTY PLUMBING SUPPLY	372 PASCO ROAD	SPRINGFIELD MA 01119	(413) 782-4420 FAX (413) 782-4424
QUABBIN PLUMBING SUPPLY	38 SOUTH MAIN STREET	ATHOL MA 01331	(978) 248-9500 FAX (978) 248-9505
DEGREES OF COMFORT – MA	168 INDUSTRIAL DRIVE	NORTHAMPTON MA 01060	(413) 247-5311 FAX (413) 247-3371
DEGREES OF COMFORT – VT	22 BROWNE COURT	BRATTLEBORO VT 05301	(802) 257-8964 FAX (802) 257-4728

Prospective Credit Customer:

Thank you for your interest in Premier Supply Group, Inc. and its affiliated companies. Attached you will find an application for credit, an individual personal guaranty and a copy of our credit policy and terms.

Please fill out the credit application in full. It is important to list your four largest active trade references. If you are not certain of your business's monthly sales volume please make an estimation so that we may be able to understand your requested credit limit. Also we will not process any application that has not been signed and dated by an officer or the owner of your business. Finally please complete the Individual Personal Guaranty, which will help to establish your line of credit.

Please complete the appropriate Sales Tax Resale Certificate for the state(s) in which you conduct business, are properly registered and for which you assume responsibility to charge, collect and remit end user sales tax. Forms are available on request. If you are a non-profit organization, please attach a copy of your tax ID certificate.

We ask that you would please read our credit policy and terms thoroughly. We do require that payments be made no more than thirty days from the date printed on your statement. We would prefer payment be made by the tenth of each month. If you are able to meet this deadline please take, as our thanks, an additional 2% "premier customer discount" off of the original payment amount.

Please note that it typically takes a couple of weeks to process an application for credit. We will notify you by mail as soon as a determination regarding your account has been reached.

Thank you once again for your interest in the Premier Supply Group. We do hope that we may forge a mutually profitable relationship for years to come.

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APPLICATION FOR CREDIT

Complete Business Name _____

Address: (Please fill in both if you have a P.O. Box)

Street: _____ P.O. Box: _____

Town: _____ State: _____ Zip: _____

Phone:(_____) _____ County: _____

Fax: (_____) _____ Email: _____

Type Of Business: (Check One)

Individual Proprietorship Partnership Corporation

Name, title and social security number of proprietor, or partners or officers:

NAME	TITLE	SOCIAL SECURITY NUMBER

Year Business Organized: _____

Active Trade References (Suppliers and Addresses)

1: Name:	2: Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Contact:	Contact
3: Name:	4: Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Contact:	Contact:

Bank Reference: _____ Phone: _____

Branch Address: _____

Bank Officer: _____ Account Number: _____

Anticipated Monthly Sales Volume: _____ Requested Credit Limit: _____

Do you plan to discount? Yes ___ No ___ OR Pay within terms? Yes ___ No ___

Are you tax exempt? Yes ___ No ___ If yes, please provide completed resale certificate.

Do you require a purchase order with every purchase? Yes ___ No ___

When we receive your payments by check, does the check have your company name and address on it? Yes ___ No ___

If not, name of company on check: _____

Do you authorize the above trade and bank references to disclose pertinent information concerning your current and past financial standing, credit history, and general reputation for promptness and integrity? Yes ___ No ___

Comments: _____

Your credit history with us will be held in strict confidence however there may be occasions when you will want this information released in order to verify your financial standing. Do you authorize the release of such credit information? Yes ___ No ___

I hereby agree to pay within the established terms after each billing date for all purchases charged to my account. I further agree that in the event of default in the payment of any amount due, and if this account is placed in the hand of any agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court cost incurred and permitted by laws governing these transactions. Terms: 2% 10th, Net 30 days subject to a service charge of 1 ½ % per month if not paid within 30 days of statement.

Signed by: _____ Title: _____
(Officer or Owner)

Date: _____

Please submit either via mail or fax, signed application, signed personal guaranty and if applicable, resale certificate to:

Credit Dept.
Premier Supply Group, Inc.
168 Industrial Drive
Northampton, MA 01060
Fax 413-584-6205

Office Use Only

Approved By: _____

Credit Limit: _____

Sales Rep: _____

INDIVIDUAL PERSONAL GUARANTY

Date: _____

I, _____ residing at _____

For and in consideration of your extending credit at my request to

_____,
(Name of Company)

(hereinafter referred to as the “company”), of which I am _____,

hereby personally agree to you the payment at Premier Supply Group, Inc., in The State of Massachusetts of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company.

I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____

Witness: _____

Witness Address: _____

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DEGREES OF COMFORT**

CREDIT POLICY

In order to establish credit, it is necessary that the credit application be completed and on file. Credit limits may be necessary, based upon anticipated sales volume and the financial strength of the company and its owners. Personal guarantees may also be necessary in order to extend credit. Strict adherence will be made to this credit limit. Any sales made in excess of the credit limit will be on a C. O. D. basis only. If additional credit is required and payment history has shown all invoices have been paid within terms, the credit limit will be reviewed and may be increased accordingly.

Please note that according to state statute, we are required by law to have in our possession at the time of sale a completed resale certificate or a tax exemption certificate (for non-profit organizations) in order to avoid charging sales tax. This from is only valid for three years, and then must be updated.

PUBLISHED TERMS

For customers with established credit, a 2% discount on the invoice price may be taken if the monthly statement is paid in full by the tenth of the month following the date of the statement. Unearned discounts will be charged back to your account. Please note that the 2% discount does not apply to freight charges or sales tax. Any unpaid balance is then due in full by the 25th of the month. All invoices are considered past due thereafter. A finance charge will be assessed at the rate of 1-1/2% per month on the past due balance unpaid at the time of the printing of the statement. This represents a true annual interest rate of 18%.

Accounts that remain unpaid after sixty (60) days will require that we curtail shipments and/or sales to that account on an *open account basis*. Shipments and/or sales will be made on a C.O.D basis only. When shipments are made on this basis, it is expected that payment will be made not only for the materials provided but that at least 25% of the unpaid balance will be paid as well. *There will be no exceptions to this policy. Any account that remains unpaid after ninety (90) days will automatically be referred for collection.*

RETURNED GOODS

A restocking charge of 25% will be assessed on all returned goods. Only unused materials will be accepted and only if within 10 days of purchases. A copy of the original invoice and packaging must accompany the returned material for a credit to be rendered. *There will be no exceptions to this policy.*

RETURNED CHECKS

All checks that are returned by the bank for whatever reason will result in a \$25.00 charge for the processing of the returned check. *This is non-negotiable.* This will also result in the account being immediately transferred to C.O.D status.