

LAKESIDE ROOFING & SIDING MATERIALS, INC.

6296 Lakeside Road, Ontario, New York 14519

Phone 315-524-9420 / 585-265-3226 Fax 315-524-5229

CREDIT APPLICATION

Lakeside Sales Representative _____

Legal Name of Company or Individual _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone () _____ Fax () _____ Email _____

Cell Phone () _____ Person(s) to contact about the account _____

Ownership: (select only one) Sole Proprietorship _____ Corporation _____ Partnership _____ LLC _____ LLP _____ Individual _____ Joint Venture _____

Scope of business: Roofing _____ Siding _____ New Build _____ Remodel _____ Windows/Doors _____ Decking _____ Commercial G.C. _____

Other (please specify) _____ Number of years in business _____

Do you require a Purchase Order number on all invoices? (circle one) YES NO Federal ID# _____

Authorized Purchasers: _____

LIST OFFICERS / PARTNERS / OWNERS / MEMBERS: All must be listed below and sign on the following pages.

Please request a second application if there are more than two officers, partners, owners or members.

(1) Name _____ Title _____ % of Business Ownership _____

Home Address _____ City _____ St/Zip _____

Do you own or rent at this address? _____ Home Phone# () _____ Social Security # _____

Date of Birth ____/____/____ Have you ever filed Bankruptcy? (circle one) YES NO Personal ____ Business ____ When? _____

Driver's License # _____ State of Issuance _____ Expiration Date ____/____/____

Have you ever owned or been part owner in another company? YES NO If yes, please furnish complete legal name, address and any DBA's of that company.

(2) Name _____ Title _____ % of Business Ownership _____

Home Address _____ City _____ St/Zip _____

Do you own or rent at this address? _____ Home Phone# () _____ Social Security # _____

Date of Birth ____/____/____ Have you ever filed Bankruptcy? (circle one) YES NO Personal ____ Business ____ When? _____

Driver's License # _____ State of Issuance _____ Expiration Date ____/____/____

Have you ever owned or been part owner in another company? YES NO If yes, please furnish complete legal name, address and any DBA's of that company.

BANK REFERENCE: _____

Bank Name _____ Branch _____ Phone# _____

Checking Account # _____ Savings Account # _____

I hereby authorize the bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

Signature _____ Date _____

(Please continue on pg. 2)

**LAKESIDE ROOFING & SIDING MATERIALS, INC.
6296 LAKESIDE ROAD, ONTARIO, NY 14519**

GUARANTEE OF PAYMENT

In consideration of LAKESIDE ROOFING & SIDING MATERIALS, INC. extending credit to

(Name of Company whose account is guaranteed)

(hereinafter referred to as the "Company"), I hereby personally guarantee payment to LAKESIDE ROOFING & SIDING MATERIALS, INC. in the State of New York of any obligation of the Company and I hereby agree to bind myself to pay LAKESIDE ROOFING & SIDING MATERIALS, INC., on demand, any sum which may become due to LAKESIDE by the Company whenever the Company shall fail to pay same. It is understood that this guarantee shall be a continuing and irrevocable guarantee of payment and indemnity for such indebtedness of the Company under open account, contract or otherwise. 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. This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by LAKESIDE ROOFING & SIDING MATERIALS, INC. Said notice shall specify the date on which this guarantee is to be terminated and said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, from time-to-time as may be needed, in the credit evaluation process.

Signature (first guarantor)

Date

Witness' signature and address

Signature (second guarantor)

Date

Witness' signature and address