

APPLICANT INFORMATION				
FULL LEGAL NAME OF BUSINESS (APPLICANT)		DBA NAME	NAME OF PARENT COMPANY	
ADDRESS		WEBSITE ADDRESS	TELEPHONE NUMBER	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE	FAX NUMBER

**TO SUPPORT THIS APPLICATION FOR CREDIT, PLEASE ATTACH LATEST FISCAL YEAR END FINANCIAL STATEMENT**

ACCOUNTS PAYABLE CONTACT / PHONE & FAX NUMBER/EMAIL	ESTIMATED MONTHLY CREDIT REQUIREMENT \$	ESTIMATED VALUE OF FIRST ORDER \$
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**CUSTOMER ASSUMES STATE TAX LIABILITY UNLESS APPLICATION IS ACCOMPANIED BY SIGNED SALES & USE TAX EXEMPTION CERTIFICATE FOR EACH STATE.**

DATE OF ORGANIZATION	TAX STATUS <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt	FEDERAL TAX ID NUMBER	DUNS NUMBER	BUYING GROUP AFFILIATION
BUSINESS STRUCTURE <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____		TYPE OF BUSINESS <input type="checkbox"/> Commercial <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retailer <input type="checkbox"/> Owner/End User <input type="checkbox"/> Re-Manufacturer <input type="checkbox"/> Other _____		EFT Capable <input type="checkbox"/> Yes <input type="checkbox"/> No
If public, list trading symbol _____				

SECTION A	SECTION B: COMPLETE IF NOT A CORPORATION
NAMES AND TITLES OF OFFICERS, PARTNERS OR OTHER	SSN
	RESIDENTIAL ADDRESS

BANK INFORMATION			
BANK NAME		CONTACT	
ADDRESS		TELEPHONE NUMBER	FAX NUMBER
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE
TYPE OF BANK ACCOUNT	ACCOUNT NUMBER	LOAN NUMBER	<input type="checkbox"/> Revolver <input type="checkbox"/> Term <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured
ACCOUNTING FIRM	CONTACT	TELEPHONE NUMBER	

TRADE REFERENCES			
1) NAME	TELEPHONE NUMBER	FAX NUMBER	
ADDRESS		CONTACT	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE
2) NAME	TELEPHONE NUMBER	FAX NUMBER	
ADDRESS		CONTACT	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE
3) NAME	TELEPHONE NUMBER	FAX NUMBER	
ADDRESS		CONTACT	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE

The applicant hereby represents and warrants to **Sylvan Forest Products Inc.** and its affiliates ("**Sylvan**") that the information contained herein, or submitted in connection herewith, is true and complete. If financial statements are provided, then applicant further represents and warrants that such financial statements are true and accurately reflect the financial condition of the applicant as of the date thereof. The applicant hereby authorizes **Sylvan** to obtain credit information about the applicant from any source **Sylvan** deems necessary or appropriate, including, without limitation, the bank(s) listed above, and hereby authorizes such sources to release the requested information to **Sylvan**. The applicant hereby agrees to remit payment within the terms specified on the face of each invoice. The amount indicated due on each invoice shall constitute an account stated and shall be conclusive and binding upon applicant, except for any specific matter disputed by applicant in a written notice giving details of such dispute within ten (10) business days after receipt of the applicable invoice. Applicant shall pay such disputed amounts but shall have the right to a refund in the event that and to the extent that such dispute is resolved in favor of applicant. The applicant shall indemnify **Sylvan** for any costs of collection, including, without limitation, reasonable attorney fees, and shall pay **Sylvan** one and one-half percent (1.5%) interest per month, or the maximum amount permissible under applicable state law, for amounts which have been due and payable for thirty (30) days or more, calculated from the due date thereof. **Sylvan** shall have the right to offset any amounts owed by the applicant to **Sylvan** against any amounts owed by **Sylvan** to applicant, including, without limitation, any rebate due applicant. In the event that **Sylvan** determines, at any time in its sole and absolute discretion, that the credit of the applicant or of any person or entity providing credit support for the applicant's obligations is or becomes impaired, or there is any reason to doubt the enforceability or sufficiency of any agreement, instrument or document supporting the applicant's obligations to **Sylvan**, **Sylvan** shall have the right, among any other rights provided by applicable law, to declare immediately due and payable any and all amounts owed by the applicant to **Sylvan**, whether under these terms and conditions or otherwise, and to suspend and/or terminate further production, shipment, and delivery to the applicant of any order, whether under these terms and conditions or otherwise, until credit arrangements satisfactory to **Sylvan** in its sole judgment have been established. Upon request, the applicant will provide to **Sylvan** additional financial information. In connection with any purchase of **Sylvan** products by the applicant, the applicant agrees to be bound by and comply with the then current **Sylvan** Terms and Conditions of Sale applicable to such purchase, unless otherwise agreed in writing by **Sylvan**. All contrary or additional terms included in customer's purchase order or otherwise proposed by Customer are excluded. The applicant covenants and agrees that it shall not change its name or organizational structure unless it shall notify **Sylvan** in writing within ten (10) days prior to any such change, specifying any new name or organizational structure and providing such other information in connection therewith as **Sylvan** may reasonably request. THE APPLICANT AGREES THAT THIS APPLICATION SHALL BE INTERPRETED, CONSTRUED, AND ENFORCED ACCORDING TO THE LAWS OF THE STATE OF OREGON, WITHOUT GIVING CONSIDERATION TO OREGON LAW REGARDING CONFLICTS OF LAW. THE APPLICANT CONSENTS TO THE NON-EXCLUSIVE JURISDICTION OF THE STATE AND SUPERIOR COURTS OF MULTNOMAH COUNTY, OREGON AS REGARDS ANY CLAIM OR MATTER ARISING UNDER THIS APPLICATION. For purposes of this Application, "affiliate" means Sylvan Products LLC, or Sylvan Industries LLC, and any persons or entity of any nature controlling, controlled by or under common control with Sylvan Forest Products Inc.

PRINTED NAME OF OWNER or STOCKHOLDER:	DATE:	AUTHORIZED OFFICER'S SIGNATURE REQUIRED	TITLE
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BROKER/SALES REP SIGNATURE:	DATE:	SALES MANAGER SIGNATURE:	DATE:
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