

## **CREDIT AGREEMENT**

This credit application applies to both **DeLullo Trucking Corp.** and **WOODBED Corp.** with the specific credit applying to that company with which the application does business. This information is for credit use only and will be held in confidence.

---

Company Name	Type of Business	Years in Business
--------------	------------------	-------------------

---

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

---

Shipping Address(if, different than above)	Street	City	State	Zip Code
--	--------	------	-------	----------

---

Phone Number	Mobile Number	Fax Number	Email Address
--------------	---------------	------------	---------------

Type of Organization: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other

If Incorporated-**Federal ID# REQUIRED** \_\_\_\_\_ Trade Name \_\_\_\_\_

---

Individual(s) who will guarantee payment if above company fails to honor agreement	Title	Phone Number
--	-------	--------------

---

Address	City	State	Zip Code
---------	------	-------	----------

---

Sales Tax Exempt#	<b>Social Security# REQUIRED</b>	Date of Birth
-------------------	----------------------------------	---------------

To setup your account, please provide the following credit card information:

**Credit Card Information:** \_\_\_\_\_

Issuing Bank

Type(Visa, Discover, MasterCard etc.)

---

Card Number	3 Digit CVS #	Expiration Date	Your Signature
-------------	---------------	-----------------	----------------

**Trade References:**

1. \_\_\_\_\_  

Company Name	Phone Number	Fax Number
--------------	--------------	------------

---

Address	City	State	Zip Code
---------	------	-------	----------

2. \_\_\_\_\_  

Company Name	Phone Number	Fax Number
--------------	--------------	------------

---

Address	City	State	Zip Code
---------	------	-------	----------

**Terms and Conditions**

**ALL PAGES OF CREDIT AGREEMENT MUST BE FILLED OUT AND RETURNED, THE FAILURE TO DO SO WILL RESULT IN A DELAY OF CREDIT APPROVAL OR DENIAL.**

**Past Due Accounts:** DeLullo Trucking Corp./WOODBED Corp. reserves the right to charge 1.5% per month as a service charge on overdue accounts and unpaid balances or 18% per annum, but not to exceed the maximum amount permitted by applicable state law. If your account is not paid according to the terms of your account with us, DeLullo Trucking Corp./WOODBED Corp. reserves the right to charge your credit card for any monies past due.

**Cost of Collection and Attorney Fees:** Customer and/or recipient, or their designated agent, who accepts goods or services provided by DeLullo Trucking Corp./WOODBED Corp. or any of its affiliates or subsidiaries agrees that said goods and services were provided from the general office of DeLullo Trucking Corp./WOODBED Corp. located in Elk County, Pennsylvania, and that the proper venue for any legal action relating to the provision of said goods and services is in Elk County, Pennsylvania, including Magisterial District 59-3-03. Customer agrees to pay the full amount of any costs or expenses and attorney fees. The terms and conditions set forth herein continue to apply for all future transaction between the parties unless there is a written agreement signed by all parties which excludes or limits the terms and provisions. Specifically, this applies to interest, attorney's fees and the personal guarantee.

**Sales Tax:** All DeLullo Trucking Corp./WOODBED Corp. customers who are exempt from sales tax must complete a PA sales tax exemption certificate.

**Timely Notification:** No shipping or delivery claims will be accepted unless made within 10 days after receipts of merchandise. All buyer claims resulting from incorrect invoicing must be submitted to DeLullo Trucking Corp./WOODBED Corp. in writing within 60 days of invoice date, or DeLullo Trucking Corp./WOODBED Corp. agrees to accept invoice as billed. DeLullo Trucking Corp./WOODBED Corp. will not make adjustments for claims after 60 days from invoice date.

**Governing Law:** This agreement shall be governed by the laws of the State of Pennsylvania.

**Equifax:** A business credit report inquiry and/or a business principal report will be checked and reviewed.

**Conditions:** The account established hereunder and the credit extended hereby shall not be effective until this application is accepted by DeLullo Trucking Corp./WOODBED Corp. in St. Marys, PA.

\*\*\*\*\*

I have read and agree to the terms and conditions listed above.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Personal Guarantee:** The undersigned individual agrees to personally guarantee payment on all credit extended under this credit application, and will also be responsible for payment to attorney's fees and costs which DeLullo Trucking Corp./WOODBED Corp. incurs if timely payment is not made.

Company Owner Name: \_\_\_\_\_

Company Owner Signature: \_\_\_\_\_



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE  
BUREAU OF BUSINESS TRUST FUND TAXES  
DEPT. 280901  
HARRISBURG, PA 17128-0901

## PENNSYLVANIA EXEMPTION CERTIFICATE

### CHECK ONE:

- STATE OR LOCAL SALES AND USE TAX  
 STATE OR LOCAL HOTEL OCCUPANCY TAX  
 PUBLIC TRANSPORTATION ASSISTANCE TAXES AND FEES (PTA)  
 PASSENGER CAR RENTAL TAX (PCRT)

(Please Print or Type)

This form cannot be used to  
obtain a Sales Tax License  
Number, PTA License Number  
or Exempt Status.

Read Instructions  
On Reverse Carefully

**THIS FORM MAY BE PHOTOCOPIED – VOID UNLESS COMPLETE INFORMATION IS SUPPLIED**

- CHECK ONE:**  PENNSYLVANIA TAX UNIT EXEMPTION CERTIFICATE (USE FOR ONE TRANSACTION)  
 PENNSYLVANIA TAX BLANKET EXEMPTION CERTIFICATE (USE FOR MULTIPLE TRANSACTIONS)

Name of Seller or Lessor \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property and services purchased or leased using this certificate **are exempt** from tax because: (Select the appropriate paragraph from the back of this form, check the corresponding block below and insert information requested.)

1. Property or services will be used directly by purchaser in performing purchaser's operation of: \_\_\_\_\_
2. Purchaser is a/an: \_\_\_\_\_
3. Property will be resold under License Number \_\_\_\_\_. (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
4. Purchaser is a/on: \_\_\_\_\_ holding Exemption Number \_\_\_\_\_
5. Property or services will be used directly by purchaser performing a public utility service. (Complete Part 5 on Reverse.)
6. Exempt wrapping supplies, License Number \_\_\_\_\_. (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
7. Other \_\_\_\_\_  
(Explain in detail. Additional space on reverse side.)

I am authorized to execute this Certificate and claim this exemption. Misuse of this Certificate by seller, lessor, buyer, lessee, or their representative is punishable by fine and imprisonment.

Name of Purchaser or Lessee \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 1. ACCEPTANCE AND VALIDITY:

For this certificate to be valid, the seller/lessor shall exercise good faith in accepting this certificate, which includes: (1) the certificate shall be completed properly; (2) the certificate shall be in the seller/lessor's possession within sixty days from the date of sale/lease; (3) the certificate does not contain information which is knowingly false; and (4) the property or service is consistent with the exemption to which the customer is entitled. For more information, refer to Exemption Certificates, Title 61 PA Code §32.2. An invalid certificate may subject the seller/lessor to the tax.

### 2. REPRODUCTION OF FORM:

This form may be reproduced but shall contain the some information as appears on this form.

### 3. RETENTION

The seller or lessor must retain this certificate for at least four years from the date of the exempt sale to which the certificate applies. **DO NOT RETURN THIS FORM TO THE PA DEPARTMENT OF REVENUE.**

### 4. EXEMPT ORGANIZATIONS:

This form may be used in conjunction with form REV-1715, Exempt Organization Declaration of Sales Tax Exemption, when a purchase of \$200 or more is made by an organization which is registered with the PA Department of Revenue as an exempt organization. These organizations are assigned an exemption number, beginning with the two digits 75 (example: 75-00000-0).