

Including wholly-owned subsidiaries

d/b/a Cedar Creek LLC, Cedar Creek Corp, and Lake States Lumber, Inc.

FULL LEGAL NAME OF BUSINESS (APPLICANT)			DATE	INTERNET ADDRESS	
ADDRESS			PHONE		FAX
CITY	STATE	ZIP	DATE/STATE OF ORGANIZATION		E-MAIL ADDRESS
TAX STATUS <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt		CUSTOMER ASSUMES STATE TAX LIABILITY UNLESS APPLICATION IS ACCOMPANIED BY SIGNED, VALID SALES & USE TAX EXEMPTION CERTIFICATE FOR EACH STATE.			DUNS NUMBER
NATURE OF BUSINESS		FEDERAL TAX ID NO <small>(Please attach IRS Form W9)</small>	TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership Other:		
SECTION A: CORPORATION OR PARTNERSHIP			SECTION B: COMPLETE IF NOT A CORPORATION		
NAMES AND TITLES OF OFFICERS, PARTNERS OR OTHER			SSN	RESIDENTIAL ADDRESS	
ACCOUNTS PAYABLE CONTACT			ESTIMATED MONTHLY CREDIT REQUIREMENTS FROM BLUELINX CORPORATION		\$
SECTION C: BANK INFORMATION					
BANK NAME				PHONE	
ADDRESS			EMAIL		FAX
CITY		STATE	ZIP	PERSON TO CONTACT	
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				PHONE	
SECTION D: BUSINESS REFERENCES					
NAME				PHONE	
ADDRESS			EMAIL		FAX
CITY		STATE	ZIP	PERSON TO CONTACT	
NAME				PHONE	
ADDRESS			EMAIL		FAX
CITY		STATE	ZIP	PERSON TO CONTACT	
NAME				PHONE	
ADDRESS			EMAIL		FAX
CITY		STATE	ZIP	PERSON TO CONTACT	

GENERAL TERMS AND CONDITIONS:

The above information is being submitted for the purpose of allowing BlueLinX Corporation to assess and/or continue to assess credit solely for business purposes of the applicant. The applicant hereby represents and warrants that the information contained herein, or submitted in connection herewith, is true and complete as of the date hereof. The applicant hereby authorizes BlueLinX Corporation to contact and investigate the references, including the banks, listed above and hereby authorizes the references to release the requested information. The applicant hereby agrees to remit payment within the terms specified on the face of each invoice. If payment is not received when due, the applicant also agrees to pay a monthly service charge equal to one and one half percent (1 ½%) or the maximum amount allowable under applicable state law, of the unpaid delinquent balance until the account is paid in full. If the account is placed for collection, the applicant agrees to pay all costs and expenses of collection, including reasonable attorneys' fees and expenses. The applicant hereby agrees that the terms and conditions posted at <https://bluelinxco.com/wp-content/uploads/2020/08/BlueLinX-Standard-Terms-and-Conditions-of-Sale-2020.pdf> on the date of execution of this application shall apply to all purchases by applicant from BlueLinX, unless and until it executes a purchase agreement with BlueLinX containing other terms.

BLUELINX CONFIDENTIAL CREDIT APPLICATION (CONT)

SECURITY AGREEMENT:

I (We) understand and agree that, by signing below, we are hereby granting BlueLinx Corporation ("BlueLinx") a security interest in and to any and all goods, wheresoever located, whenever acquired or arising and proceeds thereof as a security for the undersigned to pay for any goods purchased from BlueLinx or its wholly owned subsidiaries, This agreement shall be in effect from and after the date shown on this credit application until and through 30 days following such time as this security agreement is terminated in writing by the undersigned and delivered to BlueLinx. It is agreed that this writing shall constitute a security agreement by and between the undersigned and BlueLinx for all purposes as contemplated by the Uniform Commercial Code. Nothing herein shall prevent the undersigned and BlueLinx from entering into a more detailed security agreement with respect to goods purchased by the undersigned, and any additional or different terms set out therein shall be supplemental hereto or, to extent different, shall override the provisions or this general security agreement.

FINANCIAL INFORMATION:

I/We understand that BlueLinx will perform the necessary diligence to afford my/our company the highest credit limit for which we qualify. I/We also understand that any financial information forwarded to BlueLinx Corp will be held in strictest confidence and will not be distributed to persons inside or outside BlueLinx or for any other purpose than to establish a credit account.

We have attached the following financial information (Please mark all those that apply):

Most recent audited financial statements with notes

Most recent internal financial statements

N/A – We will not be providing financial information and I/We understand this may ultimately affect the amount of credit I/We are granted

NAME (PLEASE PRINT)	AUTHORIZED OFFICER'S SIGNATURE REQUIRED	TITLE
RETURN ORIGINAL TO:		FAX COPY TO: