DISTRIBUTOR CREDIT APPLICATION

TIMBERLAKE®
CABINETRY
A DIVISION OF AMERICAN WOODMARK CORP.

Timberlake Sales Rep _____ Application Date _____

Company Type (choose one): ◯ Corporation ◯ General Partnership ◯ Limited Liability Corp. ◯ Proprietorship

Company Name _____ Phone _____ Fax _____

DBA Name _____ Billing Contact _____

Billing Address _____ Email _____

City _____ State _____ Zip _____ Email for Invoices _____

COMPANY PRINCIPALS

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

BANK REFERENCES (2)

Name _____ Acct. No. _____ Phone _____ Fax _____

City _____ State _____ Zip _____ Contact _____ Email _____

Name _____ Acct. No. _____ Phone _____ Fax _____

City _____ State _____ Zip _____ Contact _____ Email _____

SUPPLIER REFERENCES (4)

Name _____ Acct. No. _____ Phone _____ Fax _____

Email _____

Name _____ Acct. No. _____ Phone _____ Fax _____

Email _____

Name _____ Acct. No. _____ Phone _____ Fax _____

Email _____

Name _____ Acct. No. _____ Phone _____ Fax _____

Email _____

FINANCIAL INFORMATION

How is Company Listed in D & B _____ DUNS Number |_|_|_|_|_|_|_|_|_|

Date Company Established _____ Credit Line Requested (in thousands) $ _____

Tax Exempt (choose one): ◯ Yes (attach certificate for each state where product will be shipped) ◯ No

Balance Sheet Attached (choose one): ◯ Yes ◯ No

Income Statement (P&L) Attached (choose one): ◯ Yes ◯ No

AGREEMENT TERMS

I hereby certify that the foregoing figures and statements contained and attached hereto are true and correct and are furnished to American Woodmark Corporation ("AWC", DBA Timberlake Cabinetry) for the purpose of inducing said corporation to extend credit to the undersigned. Applicant understands and agrees that accounts not paid within AWC's payment terms are subject to service charge as stated on invoices. Applicant agrees: (1) to pay all charges for account or others using this account regardless of account's credit limits; (2) to pay all charges within payment terms after billing date without finance charge or be subject to service charges not in excess of that permitted by law; (3) balance owed will become due in full upon any default in payment or violation of terms of account use; (4) to pay all collection costs, including reasonable attorney's fee. I hereby authorize American Woodmark Corporation to contact our trade and bank references for normal credit information. I also authorize these references to provide American Woodmark Corporation with information deemed relevant to this request for open account terms.

Authorized Signature _____ Date _____

Print Name _____ Title _____

© American Woodmark Corporation • P.O. Box 1980 • Winchester, VA 22604 • (540) 665-9100 • Fax (540) 665-9142 • 04/14