



Credit Application

Please Type or Print: Complete the application and ensure you sign the Terms and Conditions on Page 3 and the attached Bank Reference Authorization Form

APPLICANT INFORMATION -- Full Legal name, Entity type and address of Business

DBA (if any) Principle Long Term Care
Physical Address 1435 Highway 258 N
City/Province Kinston State/Country NC
Zip 28504 Website _____
Mailing Address _____
(if different from above)
City/Province _____ State/Country _____
Zip _____
Business Phone # (252) 523-9094 Fax # _____
State in which the business is Registered or Incorporated NC
Date Business Incorporated, Partnership formed, or Sole Proprietorship Started 2011
Time (months and years) at current address Date 1/1/11 months _____ years _____
Estimated Order Value _____

Type of Business (please check one)

☐ Sole Proprietor ☐ C-Corp ☒ S-Corp ☒ LLC ☐ General Partnership
☐ Limited Partnership ☐ Ltd. Liability Partnership ☐ Other _____

If Corporation: State of Incorporation NC Date _____ (mm/dd/yy) Federal Tax No. 27-3246041

Business Fiscal Year Close is 9/30

Is Applicant Tax-Exempt

☐ YES (on what basis or are purchases subject to a resale exemption) _____

If yes, applicant must supply a copy of their sales tax exemption certificate or tax will be charged)

☒ NO

P.O. (Purchase Order) Required ☐ YES ☒ NO

Have you ever been involved in bankruptcy? ☐ YES (If Yes, provide company name and address) ☒ NO

Company Name _____ Discharge Date _____

Company Address _____

Date _____ (mm/dd/yyyy) State and District _____ Filing # _____

The Principals (Owners, Partners, Shareholders, Directors and Officers) of Applicant are:

See attached

[If Proprietorship, provide information for owner(s); if Partnership, provide information for all partners]:

1. Name _____ Business Title _____
Ph# _____ Email _____ % Ownership _____
2. Name _____ Business Title _____
Ph# _____ Email _____ % Ownership _____
3. Name _____ Business Title _____
Ph# _____ Email _____ % Ownership _____

Accounts Payable Contact

Name Sheila Potter Email sheilap@principleltd.com Ph# _____
Fax# (252) 523-9094 phone

Name of Person to discuss Financial Matters (should be Controller or CFO):

Name Gale Boice Title CFO
Ph# (252) 939-0347 Email gale.b@principleltd.com

Bank References (List banks you have checking and/or borrowing accounts)

Please complete and sign the Bank Reference Form included with this application

See attached

Trade References (list principle suppliers)

1. Business Name _____ Contact Name _____
Account # _____ Ph# _____ Email _____
2. Business Name _____ Contact Name _____
Account # _____ Ph# _____ Email _____
3. Business Name _____ Contact Name _____
Account # _____ Ph# _____ Email _____
4. Business Name _____ Contact Name _____
Account # _____ Ph# _____ Email _____

Terms and Conditions of Sale (Please read & sign conditions of sale)

These "Terms & Conditions of Sale" if accepted by the customer as witnessed by his (its) signature affixed hereto, shall continue in full force and effect hereafter and apply to all future orders placed by the customer in writing or verbally and these conditions shall continue in full force and effect until modified in writing.

1. Room accommodations are not included and are Prepay & Add, unless provided to RWP by Site at No Charge.

2. Quoted Prices are subject to change unless confirmed by Purchase Order within 90 days of Offer. All orders are subject to our acceptance, ability to deliver, and terms as approved by Read Window Products.

- Quote is based on entire Project being Fabricated at one time. Phased Production may be subject to Additional Charges.
- Yardages Quoted are for Customer's Own Material unless otherwise noted. A 5% Waste tolerance is included. Unconsumed remnants will be recycled after 45 days unless otherwise instructed.
- Quote is based on one trip to Measure and one trip to Install. Additional trips will cost more.
- Charges for Travel are based on current information but may change based on Actual Costs.

3. Delivery is typically 4-6 weeks from receipt of Field Measurements, Purchase Order & ALL required Fabric.

4. Installation services are non-union; union installation is subject to local union rates & regulations.

- Installation into concrete, steel or other difficult substrate may require additional time & charges
- RWP is responsible for discarding trash & debris related to the installation of window treatments
- Quote assumes RWP will be allowed access to elevators, dumpsters & other on-site equipment.
- Delays from occupied units or related hindrances are subject to additional charges.
- Removal of existing window treatments is not covered in this Quote unless specifically provided.
- Post installation steaming of new draperies is not included in this Quote.

5. Lining provided by RWP is 2 Pass FR unless otherwise noted.

6. Terms are subject to Credit Review but are typically a 50% Deposit w/ Balance due in 30 days from Date of Invoice. "As Agent" Purchase Orders may be Cash Before Delivery terms.

7. Shipping Terms: Domestic- FOB Knoxville, TN; International- ExWorks, Knoxville, TN

8. Account balances which are 30 or more days past due are subject to a finance charge of 1-1/2% per month which is an annual percentage rate of 18%. Reasonable collection and/or attorney's fees incurred by us in the collection of any past due balance may be assessed to the customer's account.

9. Customer hereby authorizes Read Window Products or Culp, Inc. from time to time, to provide and make inquiries regarding credit reference information for and with its banks and other suppliers.

Signature by Authorized Agent:

Gale Boice

Printed Name of Signer

Gale Boice

Title

CFD

Last 4 Digits of SSN *1458*

Date

06/12/2025

Email Completed and Signed App to: Accounting@readwindow.com

See attached

Bank References (List banks you have checking and borrowing accounts)

1. Bank Name _____ Contact Name _____

Ph# _____ Email _____

Address _____

City/Province and State/Country _____

Type of Account _____

Savings Account # _____

Checking Account # _____

Borrower/Loan Account # _____

2. Bank Name _____ Contact Name _____

Ph# _____ Email _____

Address _____

City/Province and State/Country _____

Type of Account _____

Savings Account # _____

Checking Account # _____

Borrower/Loan Account # _____

Customer Signature _____
(for permission to release information on account)

Yali Boice

Date

06/12/2025

Email Completed and Signed Form to: Accounting@readwindow.com

COMPANY NAME Principle Long Term Care, Inc. **DOING BUSINESS AS** Principle Long Term Care, Inc.

BUSINESS TYPE Limited Liability Company (LLC)

FEDERAL ID# 27-3246041

LLC OFFICERS
PRESIDENT Lynn Hood
Vice-President Gale Boice
Treasury Dianne Johnson

	MAILING ADDRESS	PHYSICAL ADDRESS
STREET	Post Office Box 6249	STREET 1435 Hwy 258 North
CITY	Kinston	CITY Kinston
STATE	NC	STATE NC
ZIP	28501	ZIP 28504

D&B NUMBER 0

PARENT CORPORATION Principle Long Term Care, Inc.
Post Office Box 6249
Kinston, NC 28501

BANK REFERENCE Contact: Phill Armand
Wells Fargo
2500 Fayetteville St. Mall
Raleigh, NC 27601
(919) 881-7022

TRADE REFERENCES:	Contact: Robert Langdon Langdon and Company PO Box 1309 Garner, NC 27529 (919) 662-1001	Contact: Marty Beam W.A. Moore PO Box 36 Kinston, NC 28501 (252) 527-1147
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The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.

SIGNED Gale Boice

TITLE CFO

DATE 06/12/2025