

PERSONAL CREDIT APPLICATION

Carls Building Supply, Inc.
P O Box 548
Chimacum, Washington 98325
(Phone) 360-385-2111 (fax) 360-379-6754

Date Open	_____
Acct #	_____
Salesperson	_____
PL	_____
Tax Code	_____

Name(s) on

Account: _____

Billing address: _____

Delivery address: _____

LIST AUTHORIZED SIGNERS: _____

TERMS OF SALE: Payment is due by the 10th of the month following purchase. Billing is through the end of the month. Accounts are considered past due as of the 11th of the month following purchase. If purchases are delivered by us, customer agrees that Carl's delivery records constitute proof of delivery when job site signatures are not obtained. All accounts not paid by the end of the month following the month of billing are considered delinquent and are charged 2% per month or 24% per annum - \$1.00 minimum service charge. Should your account be deemed by the creditor to be insecure and a mechanics lien is filed, I (we) agree to pay the cost of preparation and filing of said lien.

If a credit card is left on file in secure storage, I (we) give permission to Carl's Building Supply, Inc. to charge my credit card in full by the 10th of the month following the purchases. If however, this account is not paid as agreed; the account will be in default. Upon default, I (we) agree to pay not only the outstanding balance of the account and a reasonable attorney's fee or if this account is placed with a collection agency, the collection charges.

The undersigned further warrants that all of the information above is correct, that credit terms have fully explained and been accepted, and the applicant promises to abide by the terms of this agreement.

Credit report authorization				
Applicant's Last Name	First	M.I.	Social Security Number	Date of Birth
Present Address	City	State	Zip Code	
Home Phone ()			Fax ()	
Cell Phone ()			Email:	

In compliance with the Fair Credit Reporting Act, we are informing you that information in your **CREDIT REPORT** will be retrieved. I certify that the facts set forth in this application are true and complete. I agree that a complete investigation of all information on this application will not constitute invasion of privacy. I authorize **ORCA INFORMATION, INC., PO Box 277, Anacortes, WA 98221, 360-588-1633** to obtain a **CREDIT REPORT** as necessary to maintain my account.

Signature of Applicant

Date

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Project Information:

____ New Construction

____ Remodel

____ Repair & Maintenance

____ Other (if for resale, a Business Credit Application must be completed)

Credit Limit Requested: \$ _____

How would you like to receive invoices and statements from Carl's Building Supply?

Emailed _____ Mailed _____

Email address: _____

Optional – see Page 1:

<u>Credit card type</u>	<u>Number</u>	<u>Exp date</u>	<u>Sec Code</u>
VS/MC/DS	_____		