

146 E. Washington
Zeeland, MI 49464
(616) 772-2119 Fax: (616) 772-6409

Credit Application for Business/Licensed Builder

Incomplete forms will not be processed

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Number of years in business: _____ Contact Person: _____

Telephone: _____ Fax: _____

Cell: _____ E-mail Address: _____

Zeeland Lumber Sales Person: _____

Form of Business: Corporation Partnership Sole Proprietor

Information for each proprietor, partner, or officer must be completed below.

Name: _____ Title: _____

Home Address: _____ Phone: _____

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

Name: _____ Title: _____

Home Address: _____ Phone: _____

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

Bank Name: _____

Account Type:

Savings: Account # _____

Checking: Account # _____

Credit Limit Requested: _____

Do you have a builder's license? Yes No. If yes, please list number and expiration date.

Do you require a purchase order? Yes No

Do your employees have authorization to charge? Yes No If yes, please list authorized employees. _____

Are you tax exempt? Yes No If yes, please attach a signed tax-exempt form.

Trade References:

1. Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

2. Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

3. Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

Authorization for release of credit information:

I authorize Zeeland Lumber & Supply Co. to verify any and every aspect of the information in the application, including obtaining a consumer credit report, and any additional information that you may require in connection with this application or in connection with any review, update, extension, renewal or collection of any credit you extend because of this application. I hereby authorize you to report your credit experience with me to other retail establishments and credit reporting agencies.

General Terms & Conditions:

Bills are mailed at the end of each month. A discount is allowed on payments postmarked by the 10th of the month following purchase. All bills become payable in full on the 11th of the month and if not paid by the 25th of the month, are considered past due. A service charge up to 2% per month will be added to all amounts not paid by the 25th. All accounts are subject to a delivery charge. All stock items are subject to a 10% restock charge. Special order items may not be returnable or subject to substantial restock charges. No additional credit will be extended to past due accounts.

Company Name: _____ Date: _____

By: _____ Its: _____
(Title)

INDIVIDUAL PERSONNAL GUARANTEE:

In order for Zeeland Lumber & Supply Co. to extend credit, the undersigned (further known as debtor) guarantees payment to Zeeland Lumber & Supply Co. for all goods purchased under the terms and conditions as stated above. If any obligations secured by this agreement are defaulted by the debtor, all amounts will become due immediately without further pursuance of the debtor at the option of Zeeland Lumber & Supply Co. Debtor also agrees to pay for any collection fees that may result from such default including all attorney fees and collection costs incurred. This guarantee will be in effect for all charges made to this account.

I certify that the above information is true and correct and is supplied to Zeeland Lumber & Supply Co. to extend credit. I have read and agree to the credit authorization, terms, conditions, and guarantee listed above.

Guarantor Signature: _____ date: _____

Guarantor Name: _____ Guarantor SS#: _____

Guarantor driver's lic#: _____

Date of birth: _____

Home address: _____