



BUSINESS APPLICATION FOR CREDIT

Please type or print:

Business name: _____ Phone : _____

If a subsidiary, of whom: _____

Federal ID#: _____ Soc. Sec: _____

Street address: _____
Street City State Zip

Own _____ Rent _____ property where the business resides

How long at this location: _____ How long in business: _____

Name, resident address and telephone number for the person responsible for this account.

Name: _____ Phone: _____

Address: _____
Street City State Zip

Nature of business: _____ Succeeds: _____

Corporation: _____ Partnership: _____ Proprietor: _____

Contractor License#: _____ Credit limit requested: _____

Will you submit a balance sheet if requested? Yes: _____ No: _____

Owner or Principal officers

Name: _____ Phone: _____
Last First Middle

Soc Sec#: _____

Address: _____
Street City State Zip

Name: _____ Phone: _____
Last First Middle

Soc Sec#: _____

Address: _____
Street City State Zip

(Continued on next page)

Bank references

Bank name: _____ Address: _____

Contact person: _____ Phone: _____

Checking: _____ Savings: _____ Loan: _____

Trade references

Firm: _____ Acct#: _____ Phone: _____

Address: _____

Firm: _____ Acct#: _____ Phone: _____

Address: _____

Firm: _____ Acct#: _____ Phone: _____

Address: _____

Firm: _____ Acct#: _____ Phone: _____

Address: _____

Firm: _____ Acct#: _____ Phone: _____

Address: _____

As the applicant for credit From South Regal Lumber Yard, Inc., I hereby authorize South Regal Lumber Yard to verify information contained in this credit application and any other information relevant to my credit standing. I understand that as the applicant, I personally guarantee payment of the account, and that the account is due on the 10th of the month. I understand and promise to pay South Regal Lumber all monies charged to the account with a charge by me or my agent, and in the event that I fail to pay the account, I agree to pay all reasonable attorney's fees and court costs. I understand that if the account becomes past due, I will pay an 18% per annum interest rate on the account balance. I agree that in case suit is brought to collect this account, That Spokane County is the proper place or venue for suit. I agree that this is an open account and may not be paid with a bankcard.

We will not set up this account without a signature.

Signature: _____ Date: _____

(no title please)

Print Name: _____

Authorize signors on this account.

Mail completed form to South Regal Lumber Yard Inc.
5415 S. Regal St. Spokane WA 99223