



LUMBER - BUILDING SUPPLIES - HARDWARE

Check one New Account
 Credit Increase
 Update

ALL APPLICABLE INFORMATION MUST BE INCLUDED OR APPLICATION CANNOT BE CONSIDERED

Business Account Personal Homeowner New Construction Charitable Government

Branch Location: _____ Salesperson's Name: _____ Salesperson's #: _____

Applicant's Full Legal Firm Name _____ Today's Date _____

Business Address _____ Years under this Name _____

City _____ State _____ Zip _____ Phone () _____ Cell () _____

Tax Exempt Yes No If Yes, Please Provide Completed Form. Fax () _____ E-mail _____

Send Invoices To: _____

Are You? Please Check One: Sole Proprietorship Partnership Corp. LLC/LLP Other

Doing Business As: _____ Date Filed _____

Federal Tax Identification Number (FEIN) _____ Type of Business _____

Date and State Incorporated: _____

Attorney's Name and Address: _____

Accountant's Name and Address: _____

Applicant		Co-Applicant	
Name _____ Date of Birth _____		Name _____ Date of Birth _____	
Present Address No. Years _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Street _____ City/State/Zip _____		Present Address No. Years _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Street _____ City/State/Zip _____	
Former Address if less than 2 years at present address Street _____ City/State/Zip _____ Years at former address _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		Former Address if less than 2 years at present address Street _____ City/State/Zip _____ Years at former address _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Home Phone / Home Fax / Home Email Address		Home Phone / Home Fax / Home Email Address	
Name and address of Employer: Employer's Phone: ()	Years on this job _____ Years employed in this line of work or profession _____ <input type="checkbox"/> Self employed	Name and address of Employer: Employer's Phone: ()	Years on this job _____ Years employed in this line of work or profession _____ <input type="checkbox"/> Self employed
Position /Title:	Type of Business:	Position /Title:	Type of Business:

Gross Income			
From	Applicant	Co-Applicant	Total
Annual Income	\$ _____	\$ _____	\$ _____
Net Rental Income (If Yes, rental property location) Street _____ City/State _____			
*Other (Before Completing, See Notice under Describe Other Income below)			
Total+	\$ _____	\$ _____	\$ _____

Describe Other Income			
↓ B-Applicant	C-Co-Applicant	Notice: *Alimony, Child Support, or separate maintenance income need not be Revealed if the Applicant or Co-Applicant does not choose to have it considered As a basis for repaying this account	Monthly Amount
			\$