

CREDIT LIMIT

APPLICATION FOR CREDIT WITH

Bayside Lumber & Building Supply

272 COMMERCE DRIVE / P. O. BOX 455 • PORT ST. JOE, FLORIDA 32457

Phone 850-229-8232 • Fax 850-227-7435

*Note: All Items Below Must Be Completed Before
Application for Credit Will be Considered

DATE

APPROVED: _____
DATE _____
BY: _____
DISAPPROVED: _____
DATE _____
BY: _____

Type of Account: Personal Contractor Corporation

Name Of Account _____

Address _____ Street _____

City _____ State _____ Zip _____

Name of Owners (If Corporation) _____

How Long In Business (If Contractor/Corporation) _____

Contractor or Business License No.: _____

Day Phone _____ Night Phone _____ Mobile _____

Drivers License No. (if personal account) _____ Social Security No. _____

- 1. Have you ever been Bankrupt? _____ When? _____
- A. Ever had an unpaid debt? _____ When? _____
- B. Ever had a judgement against you? _____ When? _____
- C. Ever had an account with Bayside Lumber before? _____ When? _____

Reason for termination? _____

D. What Level of credit do you desire? (check one)

- 0 - \$500 \$500 - \$1000 \$1000 - \$5000 \$5000 - \$10,000 \$10,000 - above

E. Who is authorized to charge to this account?

F. Do you wish to use Purchase Orders? _____

G. Do you desire ordered materials to be left on your job site if no one is available to sign for receipt of materials?

H. Do you desire an outside sales representative? _____

I. Did anyone refer you to Bayside YES NO Who? _____

Mortgage/Lending Institution for Project _____ PHONE _____

Bank Account (1) _____
NAME ADDRESS PHONE

Checking: _____ Savings: _____ Assets: _____

Lumber Co. Reference Address/City/State Phone #

Business Reference Address/City/State Phone #

Business Reference Address/City/State Phone #

TERMS OF CREDIT

If approved, I understand that the total account balance is due on the 10th of each month and past due after the 20th. Pricing level and discount level are based upon purchasing and payment record and, are subject to change without notice. A finance charge of 1 1/2% will be added to unpaid balances carried into a new billing cycle. Returned checks are assessed a \$20.00 fee if paid within 3 days; 5% thereafter (or \$20.00, whichever is higher) credit privileges are subject to discontinuance without notice if the account balance is not paid by the 20th of the month. No agreement is made for third party use of the account and any payment accepted on an account made by a third party does not reduce the account owner's responsibility to insure the account balance being paid in full. By my signature below, I am personally guaranteeing payment for all materials granted through credit purchase and further agree to pay any and all COLLECTION COSTS, COURT CHARGES, and ATTORNEY'S FEES in the event action is taken against me or the company/corporation for non-payment.

Signature (Owner or person responsible for account named above)

Date

Information contained in Items I, II, & III is held in strictest confidence.

I. APPLICANT/OWNERSHIP

II. FINANCE

III.

IV. CREDIT CONDITIONS