

**INDIVIDUAL CREDIT APPLICATION**

Application Date \_\_\_\_\_/\_\_\_\_\_  
Account # \_\_\_\_\_  
Salesperson \_\_\_\_\_  
PL \_\_\_\_\_  
Tax Code \_\_\_\_\_



10733 Rhody Dr.  
Port Hadlock, WA 98339  
360-385-2111  
www.carlsbuildingsupply.com

**Individual information:**

Name: \_\_\_\_\_  
Mailing (Billing) address: \_\_\_\_\_  
Delivery address: \_\_\_\_\_  
City: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

**Authorized Purchasers:**

Please list all persons authorized to charge on your account:

- 1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Would you like to receive your invoices and/or monthly statements by email?** Please circle Y or N:

Send Invoices by email at time of purchase    **Y**    **N**    Statements by email:    **Y**    **N**

Have you ever declared bankruptcy? \_\_\_\_\_ If so when? \_\_\_\_\_

Credit Limit Requested: \$ \_\_\_\_\_

**Project Information (if applicable):**

- \_\_\_\_\_ New Construction
- \_\_\_\_\_ Remodel
- \_\_\_\_\_ Repair & Maintenance
- \_\_\_\_\_ Other (if for resale, a Business Credit Application must be completed)

2% discount allowed up to the 10th of the month following purchases, if paid by cash or check. Sorry, discount not allowed on credit card payments. Billing is through the end of the previous month. Accounts are considered past due if not paid by the 11<sup>th</sup> 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 signature is not obtained. All accounts not paid by the end of the month following the billing month are considered delinquent and are charged 24% per annum - \$1.00 minimum service charge. Should your account be deemed by Carl's Building Supply, Inc. to be insecure and a material supplier's lien is filed, I (we) agree to pay the cost of preparation and filing of said lien.

I (we) promise to pay my account in full by the 10th of the month following purchase. 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.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CREDIT REPORT AUTHORIZATION (MUST BE COMPLETED IN FULL)				
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 as to 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, for both Applicant and Guarantor(s).

\_\_\_\_\_  
Signature of Applicant /Guarantor

\_\_\_\_\_  
Date