

**BUSINESS CREDIT APPLICATION**



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

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

**Business information:**

Business Name: \_\_\_\_\_

Mailing (Billing) address: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

Corporation:  LLC:  Partnership:  Sole Proprietorship:

Date business opened: \_\_\_\_\_ Contractor's license #: \_\_\_\_\_

UBI #: \_\_\_\_\_ WA State Reseller Permit#: \_\_\_\_\_

Bonding Company: \_\_\_\_\_ Address: \_\_\_\_\_

Bond #: \_\_\_\_\_

**Note:** Without a valid reseller permit #, Carl's Building Supply must collect sales tax on all purchases. **YOU MUST INCLUDE A COPY OF YOUR PERMIT WITH THIS APPLICATION.**

**Bank References:**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account#: \_\_\_\_\_

Contact Person & phone number: \_\_\_\_\_

**Trade/Credit references**

1. Firm: \_\_\_\_\_ Account# \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Firm: \_\_\_\_\_ Account# \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Firm: \_\_\_\_\_ Account# \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Company Principals:**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Authorized Purchasers:**

Please list all persons authorized to charge on your account/credit card on file (if not completed; only the principals will be authorized to purchase):

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Do you require any of the following to make a purchase?

Purchase order: Yes \_\_\_ No \_\_\_

Job Name: Yes \_\_\_ No \_\_\_

Job Address: Yes \_\_\_ No \_\_\_

Other special requirements: \_\_\_\_\_

**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**

Email address(es): \_\_\_\_\_

(If email not selected, invoices and statements will be mailed on the first business day each month)

Have you ever declared bankruptcy? \_\_\_\_\_ If so when? \_\_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_

Anticipated highest monthly purchasing: \$ \_\_\_\_\_

2% discount allowed up to the 10<sup>th</sup> 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 KBP Olympic Peninsula LLC DBA Carl's Building Supply 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 10<sup>th</sup> 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.

Limited liability company, Corporation and/or partnership accounts: If this account is opened by any of these entities, an unconditional personal guarantee must be executed by owner of said entity and the owner's spouse, if married.

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: \_\_\_\_\_

This personal guaranty is made by \_\_\_\_\_, ("Guarantor") to and for the benefit of KBP Olympic Peninsula LLC DBA Carl's Building Supply for payment of Carl's Building Supply business account established in the name of \_\_\_\_\_ ("Company").

Unconditional guaranty and repayment of account. Guarantor unconditionally and irrevocably guarantees timely payment of account under Carl's Building Supply terms of sale and for any payment of damages, interest, attorney fees and costs as per the terms of sale.

KBP Olympic Peninsula LLC DBA Carl's Building Supply's right to proceed against other guarantors: Following the occurrence of default under the Terms of Sale, this Guaranty may be enforced against any/all Guarantors without limitation.

Attorney's fees and expenses: Guarantors agree to pay reasonable attorney's fees and all costs which KBP Olympic Peninsula LLC DBA Carl's Building Supply may incur in enforcing this guaranty.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CREDIT REPORT AUTHORIZATION

## THE FOLLOWING MUST BE COMPLETED IN FULL

| APPLICANT/GUARANTOR'S INFORMATION |       |       |                        |               |
|-----------------------------------|-------|-------|------------------------|---------------|
| Last Name                         | First | M.I.  | Social Security Number | Date of Birth |
| Present Address                   | City  | State | Zip Code               |               |
| Day Phone ( )                     |       |       | Fax ( )                |               |
| Night 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).

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Signature of Applicant  
/Guarantor

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Date