

# All American Doit Center®

Sparta • Tomah • Richland Center

## CREDIT APPLICATION

### INDIVIDUAL PERSONAL INFORMATION *(Must be filled in on all applications)*

Name \_\_\_\_\_ Credit Limit Requested \_\_\_\_\_  
Address \_\_\_\_\_ Drivers' License # \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Social Security # \_\_\_\_\_  
Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_ Residence: Rent \_\_\_\_\_ Own \_\_\_\_\_ (Check One)  
*(Statements will be emailed.)* If renting, landlord's name and address \_\_\_\_\_

Employer \_\_\_\_\_ Spouse's Name (If applicable) \_\_\_\_\_  
Employer Address \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_  
Employer City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Spouse's Employer \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Employer Address \_\_\_\_\_  
Employer Phone # \_\_\_\_\_ Employer City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Employer Phone # \_\_\_\_\_  
Name & Phone # of nearest relative not living with you \_\_\_\_\_

### BUSINESS ACCOUNTS *(Owner of Business MUST FILL IN Personal Info above FIRST.)*

Trade Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Corporation \_\_\_\_\_ /Sole Proprietor \_\_\_\_\_ /Partnership \_\_\_\_\_  
Federal I.D. # \_\_\_\_\_ Years in Business \_\_\_\_\_

### CHECKING / SAVINGS ACCT: *(Needed for BOTH Individual and/or business account applications)*

Bank Name \_\_\_\_\_ Bank Name \_\_\_\_\_  
Bank Account # \_\_\_\_\_ Bank Account # \_\_\_\_\_  
Bank Phone # \_\_\_\_\_ Bank Phone # \_\_\_\_\_  
Bank Fax # \_\_\_\_\_ Bank Fax # \_\_\_\_\_

### LOAN REFERENCES: *(Needed for BOTH Individual and/or business account applications)*

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_ Fax # \_\_\_\_\_

### TRADE REFERENCES: *(Needed for business account applications)*

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_ Fax # \_\_\_\_\_  
Contact Person \_\_\_\_\_ Contact Person \_\_\_\_\_

### TERMS OF CREDIT:

1. This is not an installment plan. The total amount owed is to be paid by the due date.
2. One and one-half (1.5%) percent per month (18% per annum) will be added to overdue accounts. Two dollars (\$2) per month is the minimum that will be charged to cover handling expenses.
3. Credit may be revoked at any time by All American Lumber, Inc. It is our policy that no charges may be made on overdue accounts.
4. Accounts receivable balances paid with a credit card will be subject to a three (3%) percent service charge.
5. Extended credit terms may be made by arrangement with management.
6. In case of errors and inquiries about your bill, the Federal Truth in Lending Act shall pertain.
7. I/we hereby give authorization to financial institutions to release information to All American Lumber, Inc.

In order to extend credit to the above named business or individual, the undersigned jointly and severally unconditionally guarantee to All American Lumber, Inc. that the above named business or individual will fully and promptly pay when due, any and all indebtedness of Buyer to All American Lumber, Inc. together with any late payment charge that may accrue thereon, regardless of how such indebtedness is incurred. In addition, the Guarantor agrees to pay all costs of collection, legal expenses and attorney's fees paid, or incurred, by All American Lumber, Inc., in the collection of Buyer's indebtedness, and in enforcing this Continuing Guaranty. This guaranty shall remain in full force and in effect, even if the business above changes its status, ownership, composition of personnel, name or location. The undersigned also agrees with the terms of sale, as stated above.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* - I acknowledge that typing my name in the signature space represents a legal digital signature.

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## AUTHORIZATION FORM

In order to make certain that no unauthorized individuals can charge to your account, please fill out this form. List all individuals who are authorized by you to charge to your account. Our system will automatically list these individuals when an item is being charged. When this list changes, it is your responsibility to provide us names of individuals that may be added, or individuals that may no longer place charges.

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Names of Individuals Authorized to purchase under this account:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, \_\_\_\_\_, agree to let the individuals named above, to charge on my account. I realize and accept the fact that I am responsible for all charges incurred on this account.

Signed:\* \_\_\_\_\_ Date: \_\_\_\_\_

Title (For Business Accounts) : \_\_\_\_\_

\* - I acknowledge that typing my name in the signature space represents a legal digital signature.