



Kearney Laurie Elwood Smithville

Building Centers

Credit Application - 2020

(Please Print)

Credit Application for Commercial Business

Company Name:		Contact Name:
Company Address:	DNB #:	City, State & Zip Code:
Phone #:	Email:	
Cell #:	Fax #:	Amount of monthly Credit required :

BUILDER INFORMATION

BANK INFORMATION

Residential () Commercial () Contract () Remodel ()	Name of Principal Lending Institution	
Construction Loan With:	Contact Person	
Job Site Address:	Bank Address	
Authorized Buyers:	Phone #	Fax #

IF INCORPORATED

IF PARTNERSHIP or LLC

Federal Tax ID #	-----LIST FULL NAMES OF PARTNERS-----	
President	1.Partner	
Home Address	Home Address	
City & State	City & State	Phone #
V. President	Date of Birth	SS #
Home Address	2.Partner	
City & State	Home Address	
Treasurer	City & State	Phone #
Home Address	Date of Birth	SS #
City & State		

****** if sales tax exempt, please provide tax exemption certificate or you will be charged tax.*

It is our policy to run a credit report on every applicant. Claims arising from invoices must be made within seven working days.

Terms

The balance of this account is due and payable in full on the 10th of each month. A finance charge of 1.5% per month (18% per annum) with a minimum of \$1.00 charge will be added to this account if payment is not received by the 10th. In the event this account would be turned over for collection, you would be responsible for reasonable attorney's fees and court costs, regardless of whether a suit is filed.

By signing this application, I agree that all statements and representations I have made on this document are true and accurate, and are subject to penalties of perjury. I further agree to pay for all merchandise and materials purchased, pursuant to the credit terms listed above. I also understand that my signature authorizes Porters to check my credit history, and contact the banks and credit references listed above, authorizes them to give Porters any information regarding my accounts with them.

Applicant _____ Co-applicant _____

PLEASE PRINT _____ PLEASE PRINT _____

DATE _____ DATE _____

For Office Use Only	Acct. No. _____ Appr'd. by _____ Finline _____	Salesman: _____
	Cr. Line _____ Date Approved _____	

Please allow 2-3 days to process