



PERSONAL APPLICATION FOR CREDIT

MITCHELL LUMBER CO.

NE 23681 HWY 3

P.O. BOX 310

BELFAIR, WA 98528

getwood@mitchelllumberco.com

360-275-2090 – FAX 360-275-3050

ACCOUNT NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CELL: _____ PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

Project Information:

New Construction

Remodel

Repair & Maintenance

Other

New Jobsite Address: _____

AUTHORIZED PURCHASERS:

Please list all persons authorized to charge on your account

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Have you ever declared bankruptcy? If so when? _____

Please explain: _____

Anticipated highest monthly purchasing: \$ _____

Project Information:

New Construction

Remodel

Repair & Maintenance

Other (if for resale, a Business Credit Application must be completed)

Terms and Conditions of Account

I (we) the undersigned, affirm that the information on this application is true and correct and authorize Mitchell Lumber Company to obtain any information that is required for processing of this application.

Statements will be sent to the email address provided unless you request otherwise.

Billing is through the end of the previous month. Accounts are due on the 10th of the month following purchase. Interest is charges at the rate of 1-1/2 % per month on all past due accounts. The minimum service charge is \$1.00. If this account is placed for collection, the undersigned agrees to pay all attorney fees and costs of collection. Should your account be deemed by Mitchell Lumber Company 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.

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.

| |
|---|
| For office use only: Received by Date: _____/_____/_____ Created by / Date: _____/_____ |
| Sales Person: _____ Pricing: _____ Credit Limit: _____ |