

BUSINESS APPLICATION FOR CREDIT
Please fill out application completely
Including page 2

O.D. GREENE

LUMBER & HARDWARE

Account # _____
Salesman: _____
Date opened: _____

Company Name: _____ Phone # _____
Please provide copy of DBA

E-Mail Address: _____

Address: _____ Fax # _____

City, State, Zip: _____ Contact Person: _____

How Long In Business: _____ Amount of Credit Requested: _____

Owner: _____ Owners Social Security # _____

Federal Employer's ID # _____ Nature of Business: _____

Type of Organization: Sole Proprietorship ___ Corporation ___ Partnership ___ LLC ___ Other _____

Date business was started: _____ State & Date of Incorporation: _____

Owners, Officers, Trustees, or Partnership, all General Partners; (Please include a complete list, separate document if needed)

Name _____ Title: _____ Address: _____

Home Tel # _____ Social Security # _____

Name _____ Title: _____ Address: _____

Home Tel # _____ Social Security # _____

Tax Exempt # _____ **(MUST INCLUDE APPROPRIATE CERTIFICATE IF APPLICABLE)**

Credit References

Name: _____ Address: _____

Phone # _____ Fax # _____

Name: _____ Address: _____

Phone # _____ Fax # _____

Name: _____ Address: _____

Phone # _____ Fax # _____

Bank References

Name: _____ Account # _____

Address: _____ City, State, Zip: _____

Phone # _____ Contact: _____

Our terms are balance due in full by the 10th of the month following the date of the statement. We will accept payment by cash or check. A finance charge of 2% per month will be imposed on any unpaid balance. Any account that does not meet our terms and becomes past due may be closed without notification. In the event any invoice (or portion thereof) is referred to our collection agency or to an attorney for collection, any additional charges and/or fees shall be added to total balance due. We reserve the right to change our terms without notice.

By signing this application, I certify that the above information is true and complete. I also allow all references listed, and credit check to be run on information given to release any information needed by O. D. Greene Lumber Co. Inc. in order to process my application for credit. I also agree to adhere to the payment terms stated above.

Please complete both pages and sign the application, and the authorized charge list. In order to make any changes to the list, adding or deleting users please contact our office in writing if possible, or by phone @315-232-4800..

Date: _____ Signature: _____ Title: _____

AUTHORIZATION TO CHARGE LIST

(Include self)

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

Signature: _____ Date: _____