

APPLICATION FOR CREDIT  
Please fill out completely Pages 1 & 2

**O. D. GREENE**  
LUMBER & HARDWARE

Account # \_\_\_\_\_

Date opened: \_\_\_\_\_

Salesman: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Social Security # \_\_\_\_\_

No. Years at Present Address: \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

Employment Information

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Previous Employer: \_\_\_\_\_

Joint applicant information:  
(If applicable)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Employment Information: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Bank Reference

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Account # \_\_\_\_\_

**Our terms are balance due in full by the 10<sup>th</sup> 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 may be closed without notice. We expect a minimum annual usage of \$500.00. Upon annual review, if an account does not meet the minimum annual amount it 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, the customer shall be liable for all service charges, all costs, fees, disbursements and charges related to collecting any overdue balance, including reasonable attorney's fees. We reserve the right to change our terms without notice.

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

Please complete and sign page 2 of the application, the authorized charge list. It is the applicants responsibility to keep the list updated, adding or deleting users by contacting our office in writing, if at all possible, or by phone @ 315-232-4800. Please feel free to call at any time we will always try our best to help you.

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

Date: \_\_\_\_\_ Signature Joint applicant: \_\_\_\_\_  
(If applicable)

PAGE 2 ON REVERSE SIDE

9/2013

ACCOUNT NAME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
JOINT APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(If Applicable)

Thank you for considering O. D. Greene Lumber for your building and hardware needs.  
We would appreciate it if you would fill out the questionnaire below so we can better serve your particular needs.

Are you requesting a house account for general miscellaneous merchandise? YES NO

If so, could you estimate what you expect to spend on an annual basis \$ \_\_\_\_\_.

**If you are planning on a large project could you please tell us a little about your project.**

The type of project, whole house, addition, garage, barn, etc. \_\_\_\_\_

What type of products will you be looking for. \_\_\_\_\_

Approximate amount in dollars you expect to purchase at O. D. Greene. \_\_\_\_\_

Approximate length of project, start date and ending date. \_\_\_\_\_

Thank you, this information will help our knowledgeable sales staff help you with what you need at the very best prices.  
We invite you to visit our Product Showroom on our website **odgreenelumber.com**.

**\*\* IF YOU ELECT TO HAVE YOUR PURCHASES CHARGED TO A CREDIT CARD DIRECTLY, PLEASE SIGN THE STATEMENT BELOW.**

**\*\* THE SIGNATURE BELOW IS MY AUTHORIZATION FOR O. D. GREENE LUMBER COMPANY TO CHARGE TO MY ASSIGNED CREDIT CARD IN MY ABSENCE TO SIGN THE INVOICE RECEIPT.**

CREDIT CARD # \_\_\_\_\_ circle (VISA, M/C, DISC, AMEX, ACE, OTHER)

EXPIRATION DATE: \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

VERIFICATION # \_\_\_\_\_

ZIP CODE \_\_\_\_\_

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