

**FOR OFFICE
USE ONLY:**



BUILDING SUPPLY
"Experience You Can Build On"

65 Commerce Street Clarksville, TN 37040
PO Box 969 Clarksville, TN 37041
Phone: 931-647-1567 Fax: 931-648-4482

INDIVIDUAL CREDIT APPLICATION

Name	Home Number	Cell Number
Street Address	City	State Zip Code
Billing Address	City	State Zip Code
Social Security	Date of Birth	Fax Number
Email Address		

EMPLOYMENT INFORMATION

Employer's Name	Work Number	Occupation
Employer's Address	City	State Zip Code
Gross Monthly Income \$	How Long	Years Months
Email Address		
Previous Employer's Name & Address	Occupation	How Long Years Months

CO-APPLICANT INFORMATION

Name	Phone Number	Email Address
Street Address	City	State Zip Code

Social Security	Date of Birth	Gross Monthly Income \$
Employer's Name	Employer's Address	Occupation

Do you require a purchase order number before we accept an order? Yes No

Who is allowed to charge on this account? _____

Do you presently have any lawsuits or potential claims against you or your business? Yes No If yes explain: _____

Have you filed bankruptcy of any type in the last 6 years? Yes No

Accounts Payable Contact _____ Accounts Payable Email _____

Accounts Payable Phone _____ Tax Exempt Yes No If yes, please provide certification

Terms Requested: COD Credit Card Net terms – **Credit Limit Requested** \$ _____

***Notice of Credit Card Terms. A credit card convenience fee of 2% will be assessed on all transactions over a \$1,000.00 if using a Visa Card, MasterCard, Discover Card, or Debit Card. The American Express credit card convenience fee is 3%.**

BANK REFERENCES

Institution Name	Contact Name	Phone
Street Address	City, State, Zip Code	Email Address

Type of Account Checking No _____ Saving No _____ Loan No _____

PERSONAL GUARANTEE

The undersigned, for consideration do hereby individually and personally guarantee the full and prompt payment of all indebtedness heretofore or hereafter incurred by the above business. This guarantee shall not be affected by the amount of credit extended or any change in the form of said indebtedness. Notice of the acceptance of this guarantee, extension of credit, modification in terms of payment, and any right or demand to proceed against the principal debtor is hereby waived. This guarantee may only be revoked by written notice which shall be sent to the creditor's credit office by certified mail. Any revocation does not revoke the obligation of the guarantors to provide payment for indebtedness incurred prior to the revocation. I authorize the seller and their assigns to obtain a consumer credit report and to contact my references as necessary. As guarantor, I am also bound by the above arbitration clause.

Guarantor's Name	Social Security No.	Phone Number
Street Address	City	State Zip Code
Date	Signature	

Guarantor's Name	Social Security No.	Phone Number
Street Address	City	State Zip Code
Date	Signature	

Guarantor's Name	Social Security No.	Phone Number
Street Address	City	State Zip Code
Date	Signature	

TRADE REFERENCES

1. Company Name	Contact Name	Phone	Fax	Email
Street Address	City	State	Zip Code	
2. Company Name	Contact Name	Phone	Fax	Email
Street Address	City	State	Zip Code	
3. Company Name	Contact Name	Phone	Fax	Email
Street Address	City	State	Zip Code	

CONDITIONS (TERMS ARE NET 30 DAYS UPON CREDIT APPROVAL)

I certify that the information I have supplied is true and accurate to the best of my knowledge. I agree to authorize **Orgain Building Supply Co., Inc.** to verify this information and make credit inquiries. If the

