

## CREDIT APPLICATION FOR A PERSONAL ACCOUNT

	PE	RSONAL INFORMATION		
NAME:				
MAILING ADDRESS:	3	;		
PHYSICAL ADDRESS:				
City:		State:	ZIP:	
SSN#				
PHONE:	CELL:	EMAIL:		
me an	PEF	RSONAL INFORMATION		
DATE OF BIRTH:				
DRIVERS LICENSE #:				
HOW LONG AT CURREN	T ADDRESS?			
PREVIOUS ADDRESS (IF	LESS THAN 2 YEARS):			
BANK NAME:				
BANK ADDRESS:		PHONE:	PHONE:	
CITY:		STATE:	ZIP:	
Type of account:	Account number	er:		
Savings				
Checking				
Other				
	PE	RSONAL REFERENCES		
NAME:				
ADDRESS:				
CITY:	ITY:		ZIP:	
PHONE:		E-MAIL:		
RELATIONSHIP:				
NAME:				
ADDRESS:		nt to the state of		
CITY:		STATE:	ZIP:	
PHONE:		E-MAIL		
RELATIONSHIP:				
NAME:				
ADDRESS:		a control de service de la competitación de la control		
CITY:		STATE:	ZIP:	
PHONE:		E-MAIL:		
RELATIONSHIP:				

## **AGREEMENT**

- 1. All invoices are to be paid 30 days from the date of the invoice.
- 2. Claims arising from invoices must be made within seven working days.
- 3. By submitting this application, you authorize OHIO LUMBER BRICK & BLOCK to make inquiries into the banking and personal references that you have supplied, including a Credit Bureau report.
- 4. A service charge of 2% per month (Annual Percentage Rate of 24%) will be assessed on any accounts not paid within terms.

5. Returned Check Policy – for any returned check there will be a \$30.00 returned check fee charge.						
		SIGNATURES				
Date:		Date:				

PLEASE FAX, EMAIL, OR MAIL TO OUR OFFICE AT:

8890 ST RT 117 HUNTSVILLE, OHIO 43324 937-686-3780 (FAX) kristitus@ohiolumber.com ANY QUESTIONS, PLEASE CALL US AT 937-686-6434