

Lake Chelan Building Supply, Inc.
585 Wapato Way, P.O. Box 411
Manson, WA 98831
(509) 687-9595 Fax (509) 687-9652
Business Credit Application

DATE _____

LEGAL NAME OF CORPORATION
PARTNERSHIP OR PROPRIETORSHIP _____

ADDRESS _____
STREET CITY STATE ZIP

BUSINESS PHONE _____

IF THIS IS A SUBSIDIARY:
NAME AND ADDRESS OF PARENT COMPANY _____

TYPE OF BUSINESS: HOW LONG IN EXISTENCE _____ YEARS
____ PARTNERSHIP IF CORPORATION:
____ INDIVIDUAL PROPRIETORSHIP STATE INCORPORATED IN _____
____ CORPORATION DATE INCORPORATED _____

PRINCIPALS:	NAME	HOME ADDRESS	SOCIAL SCURITY NUMBER	POSITION
A)	_____	_____	_____	_____
B)	_____	_____	_____	_____
C)	_____	_____	_____	_____

CREDIT REFERENCES:

1. BANK: NAME _____ TELEPHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

2. BANK: NAME _____ TELEPHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

3. SUPPLIER: NAME _____ TELEPHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

4. SUPPLIER: NAME _____ TELEPHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

5. SUPPLIER: NAME _____ TELEPHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

6. SUPPLIER: NAME _____ TELEPHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

CUSTOMER BUILDS – CONTRACT _____ % SPECULATIVE _____ %

TYPE JOBS – COMMERCIAL _____ RESIDENTIAL _____ APARTMENTS _____

IS JOB BONDED? YES _____ NO _____ IF SO: BONDING AGENCY: _____

ADDRESS: _____

ESTIMATED HOMES BUILT PER YEAR? _____

PRICE RANGE OF HOMES CUSTOMER BUILDS? _____

NAMES OF PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT:

(NOTE: CHARGES WILL BE ACCEPTED ONLY FROM THE ABOVE-LISTED PERSONS: ANY CHANGE IN AUTHORIZED AGENTS MUST BE SUBMITTED IN WRITING)

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I/WE AGREE TO PAY THIS ACCOUNT IN ACCORDANCE WITH YOUR CREDIT TERMS. I/WE AGREE TO PAY FOR ALL CHARGES INCURRED BY THOSE AUTHORIZED TO CHARGE ON THIS ACCOUNT AND AGGREE THAT ANY ADDITIONS OR DELETIONS WILL BE MADE IN WRITING. I/WE AUTHORIZE YOU TO VERIFY THIS INFORMATION AND/OR OBTAIN ADDITIONAL INFORMATION BY SECURING DATA FROM A CREDIT REPORTING AGENCY.

SIGNED _____ POSITION _____

SIGNED _____ POSITION _____

(NOTE: IF A PARTNERSHIP, ALL PARTNERS MUST SIGN. IF A CORPORATION, AN AUTHORIZED CORPORATE OFFICER MUST SIGN.)

PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS

IN CONSIDERATION FOR THE CREDIT EXTENDED TO THE ABOVE-LISTED CORPORATION, THE UNDERSIGNED HEREBY GUARANTEES AND AGREES TO BE PERSONALLY LIABLE FOR ALL DEBTEDNESS INCURRED BY THE CORPORATION THROUGH ANY OF ITS AUTHORIZED AGENTS LISTED ABOVE.

SIGNED _____ DATE _____

SIGNED _____ DATE _____