

# Lake Chelan Building Supply, Inc.

585 Wapato Way, P.O. Box 411  
Manson, WA 98831  
(509) 687-9595 Fax (509) 687-9652

## Consumer Credit Application

### Check Appropriate box:

Application for individual credit in your own name relying on your own income or assets and not the income or assets of another person – Complete sections A & C

Application for joint credit with another person – Complete sections A, B, & C

Application for individual credit, but you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested – Complete sections A, B, & C

### SECTION A – Information About Applicant

Title Optional \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MR.

Mrs. SOCIAL SECURITY # \_\_\_\_\_

Ms.

Miss HOME PHONE # \_\_\_\_\_

BUSINESS PHONE# \_\_\_\_\_

\_\_\_\_\_  
FIRST MIDDLE LAST

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

HOW LONG AT RENT FROM  
PRESENT ADDRESS? \_\_\_\_\_ BUYING FROM \_\_\_\_\_  
ADDRESS OF LANDLORD \_\_\_\_\_

FIRST PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

SECOND PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

NUMBER OF DEPENDENTS \_\_\_\_\_



**SECTION C – Credit References**

COMPANY NAME	ACCT. NAME	ACCOUNT #	BALANCE	PMT. AMOUNT	HOW PAID
AUTO LOAN:					
OTHER CREDIT REFERENCE:					
OTHER CREDIT REFERENCE:					
OTHER CREDIT REFERENCE:					
OTHER CREDIT REFERENCE:					

The above information is for the purpose of obtaining credit and I/we certify that the information is true and correct. I/we authorize you to verify this information and/or obtain additional information by obtaining data from a credit-reporting agency.

Outstanding balances will bear interest at \_\_\_\_% per month. Delinquent accounts may be turned over to an attorney or collection agency without notice. Accounts will be considered delinquent if unpaid after \_\_\_\_ days. In the event my account is turned over for collection, I will pay all reasonable collection and court costs up to 50% of the outstanding balance at the time the account is considered delinquent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date