

Personal Credit Application

Date _____

Customer code _____

Name _____ SSN# _____

Name _____ SSN# _____

Mailing Address _____ City _____ State _____ Zip _____

Street Address _____

Home Phone _____ Cell/Mes Phone _____

Employer _____ Phone _____

Employer _____ Phone _____

Credit References:

1. _____ Phone _____
Account # _____

2. _____ Phone _____
Account # _____

3. _____ Phone _____
Account # _____

4. _____ Phone _____
Account # _____

Financial Information

Bank Name _____ Savings Account # _____

Checking Account # _____

Loans: Type _____ Amount _____ Type _____ Amount _____

Please attach a photo copy of your tax exemption card. This includes Resale, Building Permit, Senior Citizen and Non Resident cards!

Legal description of location where material is to be used: _____

Contractor (if any) performing work: _____

Persons authorized to sign on this account:

In consideration of Don Abel Building Supply selling to me or my agent(s), I agree to the following terms:

1. To pay the monthly statement in full by the 10th of the month following the month of purchase.
2. In the event of default of the foregoing paragraph (1), I agree to pay a finance charge of 1 1/2% per month past due amounts which is an annual percentage rate of 18%.
3. If this account is placed in the hands of an attorney for collection, I agree to pay all charges for collection, including reasonable attorney's fees.
4. By signing this application you are authorizing Don Abel Building Supply, Inc. to access your credit history.

Payment Terms

A 2% prompt pay discount is available if your account is paid in full by the 10th of each month. This discount is only good for payments made with cash or checks! You can also pay your account with a credit card. The discount does not apply to credit card payments and must be paid by the 10th also. You can sign up for auto pay with a credit card. Please read the attached credit card authorization sheet.

OFFICE USE ONLY

Approved _____ Rejected _____ Secured ONLY _____

Account # _____ Credit Limit _____ PLC _____

Discount _____ Price _____ Date _____

Turned over for Collection: _____

History _____

Credit Card Charge Authorization

Account number _____
Account name _____
Credit Card number _____
Expiration date _____ 3 Digit A V code _____
Address _____ Zip Code _____
Name on card _____
Day phone _____

The signature below authorizes Don Abel Building Supply Inc. to issue a payment to the "in store" account named above, using the credit card number also listed above. The credit card billing will be made between the 5th and 10th of each month for the full amount of the statement billing. You have until the 4th of each month to notify us of any billing problems. If, for any reason, your credit card should be declined, we will call you immediately and arrange for an alternative payment method.

Our policy for credit card payment on account is as follows:

If you choose not to use auto pay you account balance must be paid in full each month by the 10th. We do "not" accept payments by credit card for past due amounts.

Signature of authorized credit card holder _____