

 <b>THE MENTOR LUMBER &amp; SUPPLY COMPANIES</b> 7180 N. Center St., Mentor, OH 44060		
MENTOR WHOLESALE <input checked="" type="checkbox"/>	CHARDON LUMBER <input type="checkbox"/>	MENTOR INSTALLED SERVICES <input type="checkbox"/>

# Personal Credit Application

SALESMAN: \_\_\_\_\_

PURCHASE ESTIMATES (Filled in by Salesman):

LUMBER	_____	TRIM	_____
WINDOWS/DOORS	_____	OTHER	_____
CABINETS	_____		

Name: \_\_\_\_\_

Company/DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Work #: ( ) - \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Present Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Number of Years Worked at Present Job: \_\_\_\_\_

**Spouse or Partner Information:**

RELATIONSHIP TO APPLICANT (CHECK ONE):  SPOUSE  PARTNER  OTHER: \_\_\_\_\_

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ Birthdate: / /

Social Security No.: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Present Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Number of Years Worked at Present Job: \_\_\_\_\_

Please list account authorized purchasers below:

List Trade References — Must include phone no.:	Account No.	Phone No.	Fax No.
_____	_____	_____	_____
_____	_____	_____	_____

Have You Been Declared Bankrupt in the Last 14 Years?  Yes  No If Yes, Where? \_\_\_\_\_

Amount of Credit Desired? \$ \_\_\_\_\_

**AGREEMENT AND TERMS:**

STATEMENT: For the purpose of securing the extension of credit from Mentor Lumber & Supply Companies and/or any of its subsidiaries or affiliated companies, the undersigned represents and warrants that the statements made and information contained herein are complete, correct, and true, with the intent that strict reliance be placed thereon as the basis for the extension and continuation of credit accommodations to the undersigned. Purchase of material will indicate the acceptance of the terms and conditions that will be outlined in the credit establishment letter from the Manager of Financial Services. It is further agreed that the terms hereof shall take effect immediately upon the execution hereof and the extension of any credit to applicant. Also, I understand that a faxed application and its' signature is acceptable and considered as an original document. I understand that you will retain this application whether or not it is approved. You are hereby authorized to check my credit and employment history, and to answer questions about your credit experience with me.

STATEMENT: A 2% per month service charge will be charged on all past due accounts.

Signature:  \_\_\_\_\_ Signature:  \_\_\_\_\_

Print Name & Date: \_\_\_\_\_ Print Name & Date: \_\_\_\_\_

Please Turn This Application Over and Complete Back Section. Thank you.

### CONSTRUCTION LOAN INFORMATION:

Construction Loan: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Bank Address (include City, ST & Zip): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Loan Approved & Closed? \_\_\_\_\_

Is House Sold? \_\_\_\_\_ Owners/Buyers Name: \_\_\_\_\_

Owners/Buyers Address: \_\_\_\_\_

### BANKING INFORMATION:

(IN THIS SECTION, PLEASE FILL IN THE "X" AREAS ONLY. BANK WILL COMPLETE THE REST.)

Banking account's listed below are in the Name of: **X** \_\_\_\_\_

To Whom It May Concern:

Please Furnish the Mentor Lumber & Supply Companies with information on my accounts listed. With my signature, I hereby authorize you to furnish the information below:

**X**  
\_\_\_\_\_  
APPLICANT'S SIGNATURE

**X**  
\_\_\_\_\_  
APPLICANT'S SIGNATURE

The following information is furnished in strict confidence in response to request. The accuracy of this information is not guaranteed.

Type of Account — Please circle (far left column) one: C - Checking; S - Savings; N - Now Account						
	Account Number	Name of Bank	Bank Telephone No.	Date Opened	Average Balance Previous Two Months	Current Balance
C S N	<b>X</b>	<b>X</b>	<b>X</b>			
C S N	<b>X</b>	<b>X</b>	<b>X</b>			

Does account have a non-sufficient fund history?  YES  NO If yes, when, how many and amount owed? \_\_\_\_\_

Does account have overdraft privileges?  YES  NO If yes, what is the overdraft limit? \$ \_\_\_\_\_

Does applicant have other loans outstanding?  YES  NO If yes, amount owing: \$ \_\_\_\_\_

TERMS: \_\_\_\_\_  SECURED  UNSECURED

HIGH CREDIT: \$ \_\_\_\_\_ MANNER OF PAYMENT: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RECEIVED:	DATE PROCESSED:
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