



A Building Tradition since 1922
7180 Center St. Mentor, OH 44060

Personal Credit Application

For Office Use Only:

Salesman: _____ Credit Limit: _____
Division: _____ Approved: _____
Account #: _____ Date Approved: _____

Name: _____
Company/DBA: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Fax #: _____ Cell Phone #: _____
Email Address: _____ 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 #: _____ Cell Phone #: _____
Email Address: _____ 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 Credit References - Must include all information	Phone No.	Email Address	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: X _____ Signature: X _____
Print Name & Date: _____ Print Name & Date: _____

CONSTRUCTION LOAN INFORMATION:

NAME OF BANK: _____ Phone No.: _____

Contact Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

JOBBSITE Address: _____

City: _____ State: _____ Zip: _____

Loan Approved & Closed? YES NO

Is House Sold? YES NO Owners/Buyers Name: _____

Owners/Buyer's Address: _____

City: _____ State: _____ Zip: _____

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: _____

To Whom It May Concern:

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

APPLICANTS SIGNATURE

APPLICANTS 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 Phone #	Date Opened	Average Balance Previous Two Months	Current Balance
C S N	X	X	X			
C S N	X	X	X			

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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