

THOMAS BUILDING CENTER

301 W. WASHINGTON
SEQUIM, WA 98382

(360) 683-3393

800-281-3393 ~ Fax (360) 683-8447 ~ E-mail: credit@thomasbuildingcenter.com

INDIVIDUAL CREDIT APPLICATION

Name		SSN	
Spouse's Name		SSN	Phone
Street Address	City	State	Zip
Mailing Address	City	State	Zip
EMPLOYMENT			
Employer			
How Long?	Work Phone	Title	
Spouse's Employer			
How Long?	Work Phone	Title	
BANK REFERENCES			
Checking	Branch	Account #	
Savings	Branch	Account #	
Loan	Branch	Account #	
Construction Loan For This Project			
Bank		Branch	
Loan #	Loan Officer	Phone	
CREDIT REFERENCES, MAJOR PURCHASES			
Firm Name			
Firm Name			
PERSONAL REFERENCES			
Name	Relationship	Phone	
Name	Relationship	Phone	
Requested Monthly Credit \$			
Use			
Authorized Signers			

TERMS AND CONDITIONS

Monthly Accounting Period: Accounts are closed on the 25th of each month and are due in full by the 10th of the following month. Purchases after the 25th will be included in the next month's accounting period.

Payment Terms: All purchases are net and due in full on or before the 10th of the month following the purchase.

Past Due Accounts: Accounts not paid by the 10th of the month following purchases are considered past due. Interest of 1½% per month accrues the first day after the account is past due. All unpaid accounts will receive a past due statement and may expect a personal call.

Legal Expenses: The customer will pay reasonable legal expenses incurred in connection with the collection of this account.

I UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS GOVERNING A CREDIT ACCOUNT WITH THOMAS BUILDING CENTER, INC.

I AUTHORIZE THE CREDITORS LISTED ON PAGE ONE TO RELEASE CREDIT INFORMATION TO THOMAS BUILDING CENTER, INC.

I AUTHORIZE THOMAS BUILDING CENTER, INC. TO OBTAIN A CREDIT REPORT FROM A CREDIT AGENCY AND THE CREDITORS LISTED ON PAGE ONE TO RELEASE CREDIT INFORMATION TO THOMAS BUILDING CENTER, INC.

Signed _____

Date _____

Salesman _____

<p>THOMAS BUILDING CENTER 301 W. WASHINGTON ~ SEQUIM, WA 98382 PHONE: (360) 683-3393 800-281-3393 ~ Fax (360) 683-8842 ~ E-mail: info@thomasbuildingcenter.com</p> <p>Washington State Department of Revenue <u>RESALE CERTIFICATE</u></p>	
1. Name of Seller	_____ Thomas Building Center _____
2. Name of Buyer	_____
3. Address of Buyer	_____
4. Buyer's UBI/Revenue Registration Number	_____
5. Buyer is in the business of	_____
6. Types of items purchased for resale	_____
7. Certify that I am purchasing the items listed on line 6 for resale in the regular course of business without intervening use.	
8. I acknowledge that I am solely responsible for purchasing within the categories listed on line 6.	
9. I acknowledge that misuse of the resale privilege claimed by use of this certificate subjects the buyer to a penalty of 50 percent of the tax due, in addition to the tax, interest, and any other penalties imposed by law.	
10. Signature	_____
11. Print Name	_____
	Print name authorized to sign on line 10
12. Date	_____