



building supply WESTSIDE

www.westsidebuildingsupply.com

8353 Guide Meridian Lynden, Washington 98264-9739
360-354-5617 Administration Fax 360-354-7057 Sales Fax 360-354-4427



Dear Customer:

Thank you for your interest in applying for an account at Westside Building Supply.

Please be sure to complete all relevant information and personal guarantee. Any omitted information or signature will delay processing time. You may return your application via fax to 360.354.7057.

It generally takes 2-4 business days to process an application, although it may take up to a week depending on circumstances. You will be notified by mail once our decision is made. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Sherri Svedin".

Sherri Svedin

Accounts Receivable

WESTSIDE BUILDING SUPPLY

8353 GUIDE MERIDIAN ROAD, LYNDEN, WA 98264-9739
(360)354-5617 • SALES FAX (360)354-4427 • ADMIN FAX (360)354-7057

INDIVIDUAL APPLICATION FOR CREDIT

(ALL INFORMATION CONTAINED HEREIN WILL BE HELD STRICTLY CONFIDENTIAL AND FOR THE PURPOSES OF GRANTING CREDIT ONLY)

*** PLEASE COMPLETE ALL RELEVANT INFORMATION – ANY OMITTED INFORMATION WILL DELAY PROCESSING TIME ***

LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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SPOUSE'S LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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STREET ADDRESS	CITY	STATE	ZIP+4	HOW LONG AT THIS ADDRESS? _____ YEARS
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MAILING ADDRESS	CITY	STATE	ZIP+4	PHONE NUMBER	FAX NUMBER
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IF LENGTH AT ABOVE ADDRESS IS LESS THAN TWO YEARS, PLEASE PROVIDE PREVIOUS ADDRESS:

STREET ADDRESS	CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS? _____ YEARS
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EMPLOYER

SPOUSE'S EMPLOYER

EMPLOYER'S ADDRESS	CITY	STATE	ZIP
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EMPLOYER'S ADDRESS	CITY	STATE	ZIP
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PHONE NUMBER	HOW LONG AT THIS JOB?
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PHONE NUMBER	HOW LONG AT THIS JOB?
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JOB TITLE/POSITION

JOB TITLE/POSITION

REASON FOR REQUESTING CREDIT: NEW CONSTRUCTION REMODELING EXISTING STRUCTURE CONVENIENCE OTHER _____

\$ _____ CREDIT AMOUNT REQUESTED

IF NEW CONSTRUCTION OR REMODELING EXISTING STRUCTURE, PLEASE PROVIDE THE FOLLOWING:

STREET ADDRESS OF JOBSITE	CITY	STATE	ZIP
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LEGAL DESCRIPTION OF JOBSITE

PARCEL NUMBER

BUILDING PERMIT NUMBER

C R E D I T T E R M S

1. I (We) agree to the terms of Net 10th day: All invoices are NET and payment is due on the 10th of the month following the invoice date.
2. Accounts with balances 30 days or older shall be deemed in breach of contract and will be serviced on a C.O.D. basis only. However, we reserve the right to any credit restrictions.
3. I (We) agree to pay a service charge of 2% per month (24% per annum) on all past-due balances.
4. I (We) agree that invoices and monthly statements are accurate in all respects unless I (We) notify Westside Building Supply within 10 days of receipt of the invoice or statement.
5. Westside Building Supply shall have the right to: (a) declare the entire indebtedness due and payable if default occurs in making any payment when due; (b) if referred to collection agency, to charge collection fees not to exceed 50% of the debt owed; (c) if referred to an attorney for collection, to charge a reasonable attorney's fee and court costs; (d) to change the terms of the account from time to time (consistent with applicable law) to be effective not less than 30 days after giving written notice; (e) to limit the amount of credit extended under this account or terminate the account, upon being given written notice thereof, but it may avail itself of the terms of this agreement until full payment of the entire balance with Service Charge to date of payment has been received.
6. In submitting this application for credit, I authorize Westside Building Supply to investigate my credit record and authorize banking and credit references to release any information requested to Westside Building Supply.
7. This credit application shall be governed by the State of Washington and venue shall be in Whatcom County, at the sole discretion of Westside Building Supply.
8. Westside Building Supply is a member of Equifax Credit Information Services, Inc., P.O. Box 4091, 1550 Peachtree Street, NW, Atlanta, Georgia, 30309.

I (We) have read and understand the credit terms above.

I (We) certify that the information given herein is correct and I (We) agree to the credit terms above:

NAME (PRINTED OR TYPED)	SIGNATURE	DATE
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NAME (PRINTED OR TYPED)	SIGNATURE	DATE
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OFFICE USE ONLY

EQUIFAX INFO:

ON FILE DATE: _____	ACCOUNT APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNT NUMBER: _____
PUBLIC RECORDS: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OPENED: _____	TERMS: _____
COLLECTIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	CREDIT LIMIT: \$ _____	
HIGH CREDIT: \$ _____		
# OF ACCOUNTS: _____	CREDIT MANAGER'S SIGNATURE _____	
RATINGS: _____	ACCOUNT DENIED -- EXPLANATION: _____	
_____	_____	
_____	_____	

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Dear Westside Individual Credit Customers:

In order to ensure that your account is handled according to your specifications, please answer the following question:

Would you like to receive your Invoices and Statements by email? _____ YES _____ NO

Email Address _____

You will receive your invoices /credits every week, emailed on either Monday or Tuesday. Statements will be emailed after our close on the 25th.

Please return this form along with your credit application to our credit department.

Thank you;

Sherri Svedin
Accounts Receivable