



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.

For your convenience, you may return your application via fax (360-354-7057) or email (sherric@westsidebuildingsupply.com).

It generally takes 3-5 business days to process an application, although it may take up to a week depending on circumstances. You will be notified once our decision is made. Thank you.

Sincerely,

Sherri Crawford  
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

## COMMERCIAL 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 \*\*\*

\$ \_\_\_\_\_  
AMOUNT OF CREDIT REQUESTED

\$ \_\_\_\_\_  
ESTIMATED ANNUAL PURCHASES

\_\_\_\_\_  
LEGAL NAME OF BUSINESS

\_\_\_\_\_  
D.B.A. OR TRADE NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
MAILING ADDRESS OR P.O. BOX

\_\_\_\_\_  
CITY STATE ZIP+4

\_\_\_\_\_  
CITY STATE ZIP+4

\_\_\_\_\_  
PHONE NUMBER FAX NUMBER

\_\_\_\_\_  
CELL/MOBILE NUMBER

\_\_\_\_\_  
TYPE OF BUSINESS/PRINCIPLE BUSINESS ACTIVITY

**BUSINESS ENTITY:**  CORPORATION  
 PARTNERSHIP OR L.L.P.  
 SOLE PROPRIETORSHIP  
 LIMITED LIABILITY CORP

FEDERAL I.D. #: \_\_\_\_\_

STATE U.B.I. #: \_\_\_\_\_

PLEASE LIST OFFICERS, PARTNERS, OR INDIVIDUAL OWNER BELOW: (IF INDIVIDUAL OWNERSHIP, PLEASE INCLUDE SPOUSE)

NAME	HOME ADDRESS	CITY	STATE	ZIP	SOCIAL SECURITY #	TITLE
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NAME	HOME ADDRESS	CITY	STATE	ZIP	SOCIAL SECURITY #	TITLE
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NAME	HOME ADDRESS	CITY	STATE	ZIP	SOCIAL SECURITY #	TITLE
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\_\_\_\_\_  
CONTRACTOR LICENSE NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
BOND/INSURANCE AGENT

\_\_\_\_\_  
BOND NUMBER

SPECIALTY BOND

GENERAL BOND

(REGISTRATION AND INSURANCE WILL BE VERIFIED WITH LABOR & INDUSTRIES PRIOR TO APPROVAL OF CREDIT – CONTRACTORS MUST HAVE VALID REGISTRATION AND INSURANCE TO QUALIFY FOR A CHARGE ACCOUNT)

**TRADE REFERENCES:**

VENDOR NAME ADDRESS CITY STATE ZIP PHONE FAX

VENDOR NAME ADDRESS CITY STATE ZIP PHONE FAX

VENDOR NAME ADDRESS CITY STATE ZIP PHONE FAX

**BANK REFERENCES**

BANK NAME/BRANCH TYPE OF ACCOUNT ACCOUNT NUMBER PHONE NUMBER

BANK NAME/BRANCH TYPE OF ACCOUNT ACCOUNT NUMBER PHONE NUMBER

**••• PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS APPLICATION •••  
BOTH CREDIT TERMS AND PERSONAL GUARANTEE MUST BE SIGNED PRIOR TO EXTENTION OF CREDIT**

**C R E D I T T E R M S**

1. I (We) agree to the terms of Net 10<sup>th</sup> day: All invoices are NET and payment is due on the 10<sup>th</sup> 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 TITLE

NAME (PRINTED OR TYPED) SIGNATURE DATE TITLE

NAME (PRINTED OR TYPED) SIGNATURE DATE TITLE

## CONTINUING PERSONAL GUARANTEE

For the purposes of inducing extension credit or of inducing temporary forbearance from collection of accounts for monies due at the time hereof from the person or firm applying for credit, listed on the reverse side hereof, the undersigned hereby absolutely and unconditionally guarantees as a principal, on a continuing basis, the performance of the person or firm on the reverse side hereof applying for credit, and to whom credit is extended including but not limited to the due and prompt payment of all present and future indebtedness, whether secured or unsecured and regardless of how the indebtedness is represented or incurred. The undersigned consents to any extension or alteration of any obligation and guarantees such without prior notice, demand or pursuit of remedies against the party primarily liable. This guarantee shall continue in effect until the undersigned has notified the creditor in writing of its cancellation, even in the event that applicant shall incorporate, but such cancellation shall not alter any obligation of the undersigned arising here under prior to receipt of such written notice. The undersigned hereby further agrees to indemnify and save creditor harmless from any loss, damage and expense caused by or arising out of any default on the part of such person or firm in making payment of any part or all of such sums and in the event of such default agrees, upon demand to pay creditor the amount of any such loss, damage and expense. The undersigned further agrees to pay all reasonable costs, expenses, and attorney's fees incurred in the enforcement to the collection of any past due indebtedness whether or not suit is filed. This agreement shall bind the heirs and personal representatives of the undersigned.

This continuing personal guarantee shall be governed by the laws of the State of Washington and venue shall be in Whatcom County, at the sole discretion of Westside Building Supply.

<b>NAME (PRINTED OR TYPED)</b>	<b>SIGNATURE</b>	<b>DATE</b>
NAME (PRINTED OR TYPED)	SIGNATURE	DATE
NAME (PRINTED OR TYPED)	SIGNATURE	DATE

### 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: \$ _____	TAXABLE <input type="checkbox"/> EXEMPT <input type="checkbox"/>
HIGH CREDIT: \$ _____	CREDIT MANAGER'S SIGNATURE _____	
# OF ACCOUNTS: _____	ACCOUNT DENIED – EXPLANATION: _____	
RATINGS: _____	_____	
_____	_____	
_____	_____	

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

Dear Westside Commercial Customers:

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

Do you require your account to flag for a: \_\_\_\_\_ Purchase Order #  
\_\_\_\_\_ Job Name

Please indicate your sales tax status: \_\_\_\_\_ Pay Sales Tax  
\_\_\_\_\_ Sales Tax Exempt

(Effective 1/1/2010, a Reseller's Permit **MUST BE** obtained from the Department of Revenue in order to be Sales Tax Exempt.)

Would you like to have your pick tickets show prices? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list the names of authorized purchasers on your account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any other information relevant to your account here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like "Auto—Fax Invoicing" on your account? \_\_\_\_\_ YES \_\_\_\_\_ NO

You will automatically receive by fax your invoices/credits as soon as they are generated in our system on your fax line.

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 25<sup>th</sup>.

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

Thank you;  
Sherri Crawford  
Accounts Receivable