



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,

Sherrri 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

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

SPOUSE'S LAST NAME FIRST NAME MIDDLE DATE OF BIRTH SOCIAL SECURITY NUMBER

STREET ADDRESS CITY STATE ZIP+4 HOW LONG AT THIS ADDRESS? _____ YEARS

MAILING ADDRESS CITY STATE ZIP+4 PHONE NUMBER FAX NUMBER

EMAIL ADDRESS

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

EMPLOYER

SPOUSE'S EMPLOYER

EMPLOYER'S ADDRESS CITY STATE ZIP

EMPLOYER'S ADDRESS CITY STATE ZIP

PHONE NUMBER HOW LONG AT THIS JOB?

PHONE NUMBER HOW LONG AT THIS JOB?

JOB TITLE/POSITION

JOB TITLE/POSITION

REASON FOR REQUESTING CREDIT: NEW CONSTRUCTION \$ _____
 REMODELING EXISTING STRUCTURE CREDIT AMOUNT REQUESTED
 CONVENIENCE
 OTHER _____

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

STREET ADDRESS OF JOBSITE CITY STATE ZIP

LEGAL DESCRIPTION OF JOBSITE

PARCEL NUMBER

BUILDING PERMIT NUMBER

HAVE YOU HIRED A GENERAL CONTRACTOR? YES (PLEASE PROVIDE INFORMATION BELOW)
 NO (YOU ARE A OWNER/BUILDER ACTING AS YOUR OWN CONTRACTOR)

CONTRACTOR'S BUSINESS NAME _____ CONTRACTOR'S LICENSE NUMBER _____ EXPIRATION DATE _____

CONTRACTOR'S MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTRACTOR'S PHONE NUMBER _____

HAS FINANCING BEEN APPROVED? YES (PLEASE PROVIDE INFORMATION BELOW)
 NO (FINANCING NOT APPLIED FOR, PAYING CASH FROM SAVINGS OR ESCROW)

NAME OF BANK OR CONSTRUCTION LENDER _____ PHONE NUMBER _____ FAX NUMBER _____

MAILING ADDRESS OF BANK _____ CITY _____ STATE _____ ZIP _____ LOAN OFFICER/CONTACT _____

●●● PLEASE COMPLETE AND SIGN THE OTHER SIDE OF THIS APPLICATION ●●●
CREDIT WILL NOT BE APPROVED UNLESS THIS APPLICATION IS COMPLETED FULLY AND SIGNED BY ALL RELEVANT PARTIES

CREDIT REFERENCES (OTHER LOCAL BUSINESSES YOU HAVE CREDIT WITH)

BUSINESS NAME _____ CITY/STATE _____ PHONE NUMBER _____ BALANCE OWED _____

BUSINESS NAME _____ CITY/STATE _____ PHONE NUMBER _____ BALANCE OWED _____

BUSINESS NAME _____ CITY/STATE _____ PHONE NUMBER _____ BALANCE OWED _____

BANK REFERENCES

BANK NAME/BRANCH _____ TYPE OF ACCOUNT _____ ACCOUNT NUMBER _____ PHONE NUMBER _____

BANK NAME/BRANCH _____ TYPE OF ACCOUNT _____ ACCOUNT NUMBER _____ PHONE NUMBER _____

PERSONAL REFERENCES

NAME _____ CITY/STATE _____ RELATIONSHIP _____ PHONE NUMBER _____

NAME _____ CITY/STATE _____ RELATIONSHIP _____ PHONE NUMBER _____

WOULD YOU LIKE TO HAVE YOUR PICK TICKETS SHOW PRICES: Y N (PLEASE CIRCLE)

WOULD YOU LIKE TO RECEIVE YOUR INVOICES & STATEMENTS BY EMAIL ? Y N (PLEASE CIRCLE)

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.

CREDIT TERMS

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
_____ NAME (PRINTED OR TYPED)	_____ SIGNATURE	_____ DATE

OFFICE USE ONLY

EQUIFAX INFO:

ON FILE DATE: _____ ACCOUNT APPROVED: YES NO ACCOUNT NUMBER: _____
PUBLIC RECORDS: YES NO DATE OPENED: _____ TERMS: _____
COLLECTIONS: YES NO CREDIT LIMIT: \$ _____
HIGH CREDIT: \$ _____
OF ACCOUNTS: _____ CREDIT MANAGER'S SIGNATURE _____
RATINGS: _____ ACCOUNT DENIED – EXPLANATION: _____

