

CREDIT APPLICATION

KERTON LUMBER CO. 248-634-8951 PHONE

1122 N. SAGINAW ST. 248-634-7704 FAX

HOLLY, MI 48442

MON-FRI 7:30-5:30 kertonlumber@comcast.net

SATURDAY 7:30-1:00

This information will be held in the strictest confidence. The application takes about ****1 week**** to process depending on the references given. Please complete all lines.

Date: _____ Phone: _____

E-Mail _____ Fax: _____

Name for the account _____

Mailing address: Street _____

CITY, STATE, ZIP _____

Street address if different _____

E-mail Invoices? _____ Statement? _____

Driver's license number _____

OR FED ID number for a business _____

Builder's license number _____

Employer's name and address _____

Alternate address (a relative for an individual account or the business owner's address

for a business/commercial account) _____

References where CREDIT HAS BEEN EXTENDED TO YOU. We must have ****at least 3****. The quickest to check are independent businesses such as ourselves. **DO NOT GIVE CHARACTER REFERENCES.** Please fill in all the information, **ESPECIALLY FAX#**, or supply us with a copy of your credit report.

1.Name _____ FAX _____

2.Name _____ FAX _____

3.Name _____ FAX _____

Minimum \$10.00 charge on returned checks. Accounts are due in full and payable by the 10th of the month following purchase. Past due accounts are subject to 18%-year service charge on balance. Attorney fees and court costs will be charged to past due accounts. We understand and agree to your terms.

SIGNED _____ DATE _____

PRINT NAME _____