



CREDIT APPLICATION FOR A PERSONAL ACCOUNT

PERSONAL INFORMATION

NAME:

MAILING ADDRESS:

PHYSICAL ADDRESS:

City:

State:

ZIP:

SSN#

PHONE:

CELL:

EMAIL:

PERSONAL INFORMATION

DATE OF BIRTH:

DRIVERS LICENSE #:

HOW LONG AT CURRENT ADDRESS?

PREVIOUS ADDRESS (IF LESS THAN 2 YEARS):

BANK NAME:

BANK ADDRESS:

PHONE:

CITY:

STATE:

ZIP:

Type of account:

Account number:

Savings

Checking

Other

PERSONAL REFERENCES

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-MAIL:

RELATIONSHIP:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-MAIL

RELATIONSHIP:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-MAIL:

RELATIONSHIP:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize OHIO LUMBER LLC / SCHOCKMAN LUMBER to make inquiries into the banking and personal references that you have supplied, including a Credit Bureau report.
4. A service charge of 2% per month (Annual Percentage Rate of 24%) will be assessed on any accounts not paid within terms.
5. Returned Check Policy – for any returned check there will be a \$30.00 returned check fee charge.

SIGNATURES

Date:

Date:



PLEASE FAX OR MAIL TO OUR OFFICE AT:

8890 ST RT 117

HUNTSVILLE, OHIO 43324

937-686-3780 (FAX)

ANY QUESTIONS, PLEASE CALL US AT

937-686-6434