

FULLERTON LUMBER COMPANY
CONSUMER CREDIT APPLICATION
30-DAY CREDIT PLAN

Date _____ Center _____ Amount of Credit Requested _____

1. Customer No. (Fullerton to Complete) _____	2. Full Name _____
3. Street Address _____	4. Box No. _____
5. City & State _____	6. Zip Code _____
7. Phone No. _____	8. Contact _____
Time at Residence: _____ Years _____ Months	Social Security No. _____
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Board	
Previous Address (If less than three years at present address):	
Street Address _____	
City & State _____	Zip Code _____
Employer _____	Position _____
Employer's Address _____	Time Employed: _____ Years _____ Months
Business Phone _____	Gross Income: \$ _____ per _____

Trade References (Ex: Visa, M.C., Oil Card, etc.)		
Name	Balance	Monthly Payment
1.		
2.		
3.		
Bank with:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan _____

For credit requests of \$7,500 or higher, please provide proof of construction financing.
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The above information is for the purpose of obtaining credit and the information provided is true and correct. The undersigned authorizes Fullerton Lumber Company to collect information on the undersigned, including, but not limited to, bank references, trade references, individual consumer and/or commercial credit reports.

All accounts are due and payable in full upon receipt of the monthly statement. The undersigned agrees to pay a finance charge computed at a periodic rate of 1.5% per month (which is an annual rate of 18%) on any past due balance. No finance charge will be imposed if your account is paid in full within 30 days of the closing date of this monthly billing statement. If payment is not received in a timely manner, the undersigned shall be responsible for all costs and expenses associated with any collection efforts maintained by Fullerton Lumber Company, including, but not limited to, all attorney's fees, costs and disbursements incurred and incident thereto.

Authorized Signature: _____ Date: _____

CO-APPLICANT

Full Name: _____ Social Security No. _____

If your address is the same as the applicant, check here and go to the employment information.

Street Address: _____ Box No. _____

City & State: _____ Zip Code: _____

Phone No. _____

Time at Residence: _____ Years _____ Months

Employment Information:

Employer: _____ Position: _____

Employer Address: _____ Time Employed: _____ Years _____ Months

Business Phone: _____ Gross Income: \$ _____ per _____

Trade References (Ex: Visa, M.C., Oil Card, etc.)		
Name	Balance	Monthly Payment
1.		
2.		
3.		
Bank With:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan _____

Co-Applicant's Signature: _____ Date: _____

Office Use Only (To Be Completed at Yard)		
9. State Tax Exemption No. _____	10. AR Group (1-4) _____	
12. Tax Type _____	13. Ea Price (Y/N) _____	14. P.O. Req (Y/N) _____
15. Sig Req (Y/N) _____	16. Cust Has Jobs (Y/N) _____	19. Store # _____
20. Salesperson # _____	21. Price Level (1-99) _____	22. Class _____
23. Credit Hold _____	24. Terms _____	26. Tax Code _____
27. Extra Code _____	28. Credit Limit _____	
Yard – Recommended Credit Limit Amount: _____		
Comments: _____		

