



Business Credit Application

499 W. Whitewater St. • P.O. Box 370 • Whitewater, WI 53190-1986
Telephone (262) 473-3538 • Toll Free (800) 262-5482 • Fax 262-473-6908
• Email jstark@homelumber.co • Web www.homelumber.co/

Business Name _____ Date _____ Requested Credit Limit _____

Address _____ City _____ State _____ Zip Code _____

Business Phone _____ Home/Cell Phone _____ Fax/Email _____

Bank Name _____ Contact _____ Phone _____ City _____ State _____

Authorized Purchasers _____

Please provide the name, phone and fax or email for three trade references.

1. Name _____ Phone _____ Fax/Email _____

2. Name _____ Phone _____ Fax/Email _____

3. Name _____ Phone _____ Fax/Email _____

Type of business: Sole Proprietorship SS# _____ Corporation Fed ID# _____
Partnership SS# _____ LLC Fed ID# _____

- I (we) agree to pay our account within the terms as stated below in order to prevent termination of credit, and to notify Home Lumber Co. Inc. of any changes of the above facts.
- I (we) understand that payment is due in full by the 10th of the month following billing. I agree to pay my account in full by that date
- You are authorized to verify the credit and employment history of each person signing below and to answer questions about your credit experience with each person. The unless other arrangements are made prior to purchase.
- I (we) agree to pay a late payment penalty of 1.5% per month (18% annual percentage rate) on all accounts past due computed upon the declining balance. I agree to pay all and any costs of collections, including all reasonable attorney fees. The undersigned understands you will retain this application whether or not it is approved.
- Home Lumber Co., Inc. maintains and enforces any and all lien rights on improved property to the extent of not paid for materials furnished.**
- I (we) the undersigned, certify that all of the above information is true and correct. I (we) authorize Home Lumber Co. Inc. to obtain from any source any information desired regarding this credit application.

Signatures of all owners, partners, officers, members, etc. _____ Date _____

Do you need an individual copy of each invoice mailed with your statement? Yes No