

LITTLE FALLS LUMBER CO., INC. & LITTLE FALLS CONCRETE FORMING CO. INC.

PERSONAL CREDIT APPLICATION

NAME _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

SPOUSE _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

YOUR DRIVERS LIC. # _____ SPOUSE'S DRIVERS LIC. # _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX # (_____) _____ (IF AVAILABLE) CELL (_____) _____

PLACE OF EMPLOYMENT: _____ HOW LONG? _____

FORMER EMPLOYER IF LESS THAN ONE YEAR: _____

SPOUSE'S EMPLOYMENT: _____

OWNS HOME _____ RENTS _____

HOME MORTGAGE AT: _____

NAME OF MORTGAGE HOLDER

BANK REFERENCES: _____

NAME OF BANKING INSTITUTION

CHECKING ACCOUNT #: _____

SAVINGS ACCOUNT #: _____

CREDIT REQUESTED *APPROXIMATE MONTHLY CHARGES: \$** _____

CREDIT REFERENCES:

_____ PHONE _____

_____ PHONE _____

_____ PHONE _____

TERMS

PAYMENT DUE 10TH OF THE MONTH AFTER RECEIPT OF MERCHANDISE. PAST DUE ACCOUNTS ARE SUBJECT TO A 2% FINANCE CHARGE PER MONTH. (AN ANNUAL PERCENTAGE OF 24% MINIMUM FINANCE CHARGE IS \$.50)

I, _____ HEREBY AUTHORIZE THE ABOVE NAMED COMPANIES TO CONDUCT A CREDIT INVESTIGATION AT THEIR DISCRETION AND AGREE TO PAY THE AMOUNT DUE, ACCORDING TO **TERMS**. IN THE EVENT IT IS NECESSARY TO INSTITUTE, OR THREATEN TO INSTITUTE, LEGAL PROCEEDINGS BECAUSE OF YOUR FAILURE TO PAY ANY INVOICES, YOU AGREE TO PAY ALL LEGAL FEES, COURT COSTS, DISBURSEMENTS AND OTHER OUT-OF-POCKET EXPENSES INCURRED BY LITTLE FALLS LUMBER OR SCAFFOLDING RELATIVE TO SAID COLLECTION EFFORTS, REGARDLESS OF WHETHER SUIT WAS ACTUALLY FILED.

SIGNED _____ DATE _____

Return this application by mail to: Little Falls Lumber Co., Inc., P. O. Box 248, Little Falls, NY 13365
Or..... Fax to (315) 823-3521 Attn: Judy