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	Customer #	Slsmn	Yes Permit No	Status	Class	Credit Code

PHONE # (402) 331-4500

DO NOT WRITE ABOVE THIS LINE - FOR OFFICE USE ONLY

FAX # (402) 331-4688

BUILDERS SUPPLY CO., INC.
 5701 SO. 72 ST.
 OMAHA, NE 68127-3987
 newaccount@builderssupplyco.com
COMMERCIAL APPLICATION FOR CREDIT

Date: _____

Salesman: _____

Business Name: _____ <small>PLEASE PRINT</small>	Phone: (____)- _____
Address: _____	Fax: (____)- _____
City, State, Zip Code: _____	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Corporation
Name of Owner or Principal Officer: _____	Cell Phone: _____
Address: _____	Home Phone: _____
City, State, Zip Code: _____	Date of Birth: _____
Previous Address: _____ <small>(if less than one year at present address)</small>	SSN _____
	Email: _____

Date Business Started: _____	Number of Employees: _____	Tax Exempt Number: _____ <small>(If applicable, please provide Tax Exempt Certificate)</small>
Is this a part-time business? _____	Federal I.D. Number: _____	
If yes, list name & address of employer: _____		
TYPE OF BUSINESS: <input type="checkbox"/> General Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Remodeler Other: _____		
Have you ever taken bankruptcy? <input type="checkbox"/> If so, when? _____ Financial Statement Available: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever received credit from this company before? <input type="checkbox"/> If so, under what name or name(s) was credit received? _____		

BILLING REQUIREMENTS	
1. Purchase order required? _____ Yes _____ NO	
2. Sales tax exempt? _____ (Please enclose copy of tax certificate)	
3. Separate statements for ship to address _____ Yes _____ No	
4. What is your preferred method of receiving invoices and statements? (leave blank if same as above)	
<input type="checkbox"/> Mail _____	<input type="checkbox"/> Email _____

AUTHORIZED PURCHASERS ON ACCOUNT	
<p>Please provide us, in the space below, with the names of people authorized to charge purchases to your account. With this information, we can safeguard your account from unauthorized charges. If there is a change in authorizations, please inform us in writing immediately or we are not responsible for charges incurred by said person(s). Individuals not listed as authorized will not be allowed to charge to your account.</p>	
_____	_____
_____	_____
_____	_____

In consideration of the extension of credit by Builders Supply Co., Inc. to the undersigned, the undersigned hereby accepts and agrees to abide by all of the credit terms of Builders Supply Co., which appear on the invoice of Builders Supply Co., Inc. In addition the undersigned specifically accepts the following terms:

- To allow Builders Supply Co., Inc. to investigate the undersigned's credit records and references.
- To furnish Builders Supply Co., Inc. any information which it may request concerning the undersigned's credit records.
- To promptly notify Builders Supply Co., Inc., in writing, of any change in the undersigned's legal status, i.e., incorporation of business, termination of partnership, etc.
- Our credit terms are: all invoices are due on the 30th of the month following the date of purchase; you may take a 2% discount if paid in full by the 10th, with cash or check. If paid by credit card or debit card we cannot allow the 2% discount, we accept MasterCard, Visa and Discover. In the event that an invoice is not paid within terms a delinquency charge of 1 1/2% per month will be levied on the unpaid balance.

GUARANTEE OF CORPORATE DEBT

The undersigned, being interested in the business success of the above-named company, and in consideration of the granting of credit by Builders Supply Co., Inc., to said corporation, hereby unconditionally guarantees the payment of all sums now or hereafter owing to Builders Supply Co., Inc. on account of purchases made by said corporation. This Guarantee may be revoked only by giving thirty (30) days prior notice to Builders Supply Co., Inc. by certified mail at its business office, addressed to the Credit Manager. The undersigned shall remain liable upon this Guarantee for all sums incurred prior thereto may be brought without first resorting to suit against said corporation. The undersigned waives any notice which may be required relative to the acceptance of this Guarantee, or the creation, extension, renewal or status of the indebtedness of said corporation hereby guaranteed.

"I/we agree to pay for any costs associated with the collection of any past-due balances including (but not limited to) interest, attorney fees, court costs and collection agency fees."

Signature: _____

Guarantors Signature(s): _____

Title: _____

Date: _____

Date: _____



Builders Supply Co., Inc.

5701 South 72nd Street • Omaha, Nebraska 68127-3987
(402) 331-4500

Date _____

Dear Sir or Madam:

You may consider this as our open authorization and permission for Builders Supply Co., Inc. to contact my bank(s) and trade reference(s) listed below as our open authorization and permission to respond by providing Builders Supply Co., Inc. with their experiences with us.

Your credit will be respected by Builders Supply Co., Inc. as confidential, thank you.

Signed by: _____

Account Owner(s) _____

Firm Name _____

Address _____

City, State, Zip _____

PRINCIPAL TRADE REFERENCES

Name: _____
Address: _____
City & State: _____ Zip _____
Phone: _____ Acct No: _____
Email: _____
Fax: _____

(please include fax numbers)

Name: _____
Address: _____
City & State: _____ Zip _____
Phone: _____ Acct No: _____
Email: _____
Fax: _____

(please include fax numbers)

Name: _____
Address: _____
City & State: _____ Zip _____
Phone: _____ Acct No: _____
Email: _____
Fax: _____

Name: _____
Address: _____
City & State: _____ Zip _____
Phone: _____ Acct No: _____
Email: _____
Fax: _____

Savings Checking Loan

BANK REFERENCES

Construction and Mortgage Loans

Name: _____
Address: _____
City & State: _____
Phone: _____ Zip: _____
Account Number: _____
Officer to Contact: _____
Fax: _____
Email: _____

Name: _____
Address: _____
City & State: _____
Phone: _____ Zip: _____
Account Number: _____
Officer to Contact: _____
Fax: _____
Email: _____