

9 Sagebrush Dr. Victor, ID 83455 p 208.787.9663 f 208.787.9664 www.valleylumberrental.com

Account Application

Please indicate which type of account:	☐ Charge Account (payment due monthly) Please complete full application		☐ Cash Account (payment due at time of sale) Please complete Section I only				
Section I – Contact Information							
Business Name/Ind	ividual:						
Phone/Mobile:		Fax:					
Billing Address:							
Physical Address:							
Email Addresses: (not shared)							
Points of Contact (owner, project manager, A/P, etc.)							
SECTION IIA - BUSINESS CREDIT INFORMATION (business charge accounts)							
Type of Business:	□ Corporation □ Partnership □ Sole Proprietorship □ LLC						
If corporation, list r	names and contact inform	ation of c					
·							
Nature of Business:							
Date Business Established:		Federal ID:					
Bank Name:		Bank Contact:					
Bank Phone:		Checking Acct #:					
Trade References (please no credit card or utility o	companies)					
Trade/Supplier:		Trade/Supplier:					
Address:		Address:					
City/State/Zip:		City/State/Zip:					
Phone:	Contact:	Phone:	-	Contact:			
Credit Limit Requested:		Idaho Contractor #:					
Project Description); :						
-							

SECTION IIB – INDIVIDUAL CREDIT INFORMATION (personal charge accounts)

Social Security #:			DOB:				
Occupation:			Length of Employment:				
Employer I		Employe	oyer's Address		Employer's Phone		
Bank Name:			Bank Contact:				
Bank Phone:			Checking Acct #:				
Credit References (please no credit card or utility companies)							
Name/Business:			Name/Business:				
Address:			Address:				
City/State/Zip:		City/State/Zip:					
Phone:	Contact:		Phone:		Contact:		
Requested Credit I	 limit:		PO Required?				
Project Description:			1 O Regalied:				
Trojout Bescription	•						
SECTION III - RESTRI	CTED SIGNAT	TURE LIST (optiona	al)				
A restricted signatu				-	_		
account. If you choose to have a restricted signature list, <u>only</u> these people will have charge allowance. This list may be updated only by the account signer.							
charge anowaries. This list may be apacted only by the decount signer.							
Please list names below or provide an attached list. Be sure to include yourself. Please contact Valley lumber to update this list.							
contact valley lan	iber to apac	ato triis list.					

SECTION IV – CREDIT POLICY & TERMS (required for all charge accounts)

Valley Lumber's billing cycle runs from the 25th through the 24th of each month. Invoices will be emailed to you at the time of sale. A statement of your account will be emailed to you on the 25th (or following business day) of every month, listing your unpaid invoices. The full statement balance is due on the 10th of the following month. Any billing disputes must be addressed within 30 days of the statement date. After 30 days, all bills are regarded as fair and correct.

This is not a revolving account; therefore, each statement balance is due in full by the due date listed. A finance charge of 1.75% per month (21% annual) will be applied to past due accounts, with a minimum of \$.75. Accounts with a balance that is 30 days or more past due **will be denied credit privileges**. Valley Lumber & Rental reserves the right to terminate accounts at will.

I have read and agree to the above terms of sale with Valley Lumber & Rental. I certify that the above information is true and correct. I grant permission for Valley Lumber & Rental to contact consumer credit reporting agencies, commercial credit reporting agencies, and the bank and trade references listed above as necessary. I authorize the release of information on the accounts listed above to Valley Lumber for the purpose of obtaining credit.

Date				
or business charge accounts)				
In consideration for the credit extended to the above listed corporation, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation through any of its authorized agents.				
Date				
	r business charge accounts) extended to the above listed corp es to be personally liable for all inde authorized agents.			

SECTION V - CREDIT CARD INFORMATION (required for all charge accounts)

	•		_		
Name as it appear	rs on card:				
Billing address of					
card:					
Type (choose one):	□ Visa		□ Mastercard		
	□ American Express		□ Discover		
Card number:					
Expiration Date:	CV				
Please choose one of the following:					
AutomaticMonthly CreditCard Payment	I authorize Valley Lumber & Rental to charge my credit card for the full statement balance of my account on the 25th (or next business day) of every month.				
	Note: Your statement will be emailed on the 25th of each month, showing a balance due. This is for your records. Your card will be charged after the statement is sent. You will be contacted if your credit card is declined for any reason.				
	Cardholder Signature:		Date:		
□ Security Credit Card Info.	I authorize Valley Lumber & Rental to charge my credit card for the balance of my account should I become delinquent by 30 days or more.				
	Cardholder Signature:		Date:		

Thank you for completing your application for an account at Valley Lumber & Rental. Please retain a copy for your records. Send the completed application by one of the following methods:

- Fax 208.787.9664
- Email vlr@silverstar.com
- Mail 9 Sagebrush Dr. Victor, ID 83455
- In person at Valley Lumber & Rental

You will receive an email when your account is ready for use. Please contact Susan at 208.787.9663 if you have any questions regarding your account.