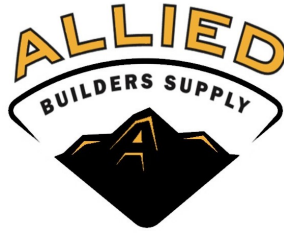


DATE SUBMITTED: \_\_\_\_\_

ACCT#: \_\_\_\_\_

INITIALS: \_\_\_\_\_



1131 Main St  
P.O. Box 365  
Challis, ID 83226  
O(208) 879-2322 F(208) 879-4264  
llene@alliedbuilderssupply.com

## CREDIT APPLICATION

BUSINESS NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

Personal ☐

Business ☐

Partnership ☐

Corporation/LLC ☐

**\*\* Corporations and LLCs must complete personal guarantee portion on reverse \*\***

YIB: \_\_\_\_\_ SSN/TAX ID#: \_\_\_\_\_ PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

DELIVERY ADDRESS (if different): \_\_\_\_\_

Cash Account ☐

Charge Account ☐

Do you require purchase order numbers? YES ☐ NO ☐

Do you require job billing? YES ☐ NO ☐

EMAIL (if you wish to receive electronic invoices and statements): \_\_\_\_\_

LIST AUTHORIZED PERSONNEL WHO MAY CHARGE TO THIS ACCOUNT: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

CREDIT REFERENCES (charge accounts only) INCLUDE ACCOUNT NAME, ADDRESS, PHONE AND ACCOUNT NUMBERS

1. \_\_\_\_\_ ACCT #: \_\_\_\_\_

2. \_\_\_\_\_ ACCT #: \_\_\_\_\_

3. \_\_\_\_\_ ACCT #: \_\_\_\_\_

Banking Institution: \_\_\_\_\_ Contact: \_\_\_\_\_ ACCT #: \_\_\_\_\_

**TERMS AND CONDITIONS:** Accounts are due and payable by the 10<sup>th</sup> day of the month following purchase. Past Due accounts are subject to a monthly service charge of 1.75% (21% annually). The undersigned agrees to pay, in the event this account becomes delinquent, reasonable attorney fees plus all court and attendant collection fees and third party agency fees accrued in an attempt to collect. In submitting this application, the undersigned authorizes Allied Builders Supply to investigate credit records including, but not limited to, credit reporting agencies and verification of current accounts with other retailers and financial institutions in accordance with Idaho Code Annotated 28-52-105 and 15 USC 1681.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

ACCT#: \_\_\_\_\_

INITIALS: \_\_\_\_\_

## ***PERSONAL INDEMNITY AND GUARANTEE***

We, the undersigned, do hereby jointly, severally and personally, guarantee the above corporate/LLC purchaser's full performance of said purchase agreement and hereby agree to indemnify Allied Builders Supply against any and all damages, loss, expense (including attorney's fees) and/or liability sustained by Allied Builders Supply by reason of, or related to, the above corporate or LLC purchaser's failure to perform or to pay when due, charges incurred in accordance with the above agreement.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

