



1791 Vantage Hwy Ellensburg WA 98926 (509) 962-4000 or Fax (509) 962-1650

PERSONAL CREDIT APPLICATION

*****WE MUST HAVE YOUR SOCIAL SECURITY NUMBER IN ORDER TO PROCESS THIS APPLICATION*****

PLEASE PRINT CLEARLY

Name: _____

Social Security #: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Fax #: _____ Email: _____

Residence Type: ___ Own ___ Rent Mortgage/Rent Payment: _____

How Long At Residence: Yrs ___ /Mos. ___ Employer: _____

Employer Address: _____

Time Employed: Yrs ___ /Mos ___ Occupation: _____

Gross Income: \$ _____ , er _____

CO-APPLICANT

Name: _____

Social Security: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone#: _____ Cell #: _____ Work #: _____

Employer: _____ Employer Address: _____

Occupation: _____ Gross Income: \$ _____ per _____

Have you ever had an account with Knudson Lumber? _____

TELL US ABOUT YOUR PROJECT

Type Of Project: ___ New Construction ___ Remodel ___ Other: _____

Amount Of Credit Needed Per Month: \$ _____

Do You Require Copies Of Invoices? ___ Yes ___ No

If yes, how would you like to receive them ___ Email or ___ Fax

How would you like to receive your monthly statement: ___ Email or ___ Fax

Please provide email address or fax # for statement/invoices: _____

Are you interested in accessing your account online? _____

AUTHORIZED PEOPLE TO CHARGE ON ACCOUNT

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

CONTRACTOR INFORMATION

(If hiring a contractor)

Business Name: _____ Contractor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Business: ___ Partnership ___ Sole Proprietor ___ Corporation

Licensed and Bonded: ___ Yes ___ No Any Bankruptcies: ___ Yes ___ No

Bonding Company: _____ Amount of Bond: _____

Address: _____ Phone #: _____

U.B.I. # : _____

IF BUILDING A HOUSE WE NEED THE FOLLOWING INFORMATION:

Parcel # and Legal Description: _____

Construction Site Address: _____

Lending Institution: _____

Loan Officer: _____ Phone #: _____

I/We certify that the above information is correct and I/We agree to pay this account in accordance with your terms. (Net 10th – Statement balance due in full on the 10th of each month). I/We agree to pay for all charges incurred by those authorized to charge on this account, including any finance charges that may accrue. I/We authorize Knudson Lumber to verify this information and/or obtain additional information by securing data from a credit reporting agency (Equifax).

Signed: _____ Date: _____

Signed: _____ Date: _____