



Application Date:	_____
Account #:	_____
Sales Person:	_____
DOR Checked:	_____
PL: _____	Tax Code: _____

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

PERSONAL CREDIT APPLICATION - PLEASE PRINT CLEARLY

Have you ever had an account with Knudson Lumber? Yes_____ No_____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Delivery 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: \$ _____ per _____

CO-APPLICANT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Employer: _____ Employer Address: _____

Occupation: _____ Gross Income: \$ _____ per _____

TELL US ABOUT YOUR PROJECT

Type Of Project: New Construction ____ Remodel ____ Repair & Maintenance:____
Other:_____ (if for resale, a Business Credit Application must be completed)

Detailed Description of Project:_____
(This will help us determine the amount of credit you will require.)

Amount Of Credit Requested Per Month: \$_____

Name of Knudson Lumber Sales Person you have been working with:_____

Would you like to receive your invoices and/or monthly statements by e-mail? Circle Y or N:

Send Invoices by e-mail at time of purchase: Y N Statements by e-mail: Y N

E-mail address(es):_____
(If e-mail is not selected, invoices and statements will be mailed on the first business day each month)

If you prefer fax for statement/ invoices, please provide fax #: _____

Are you interested in accessing your account online? Yes ____ No ____

AUTHORIZED PEOPLE TO CHARGE ON ACCOUNT

1.Name: _____ Phone Number:_____

2.Name: _____ Phone Number:_____

3. Name: _____ Phone Number:_____

4.Name: _____ Phone Number:_____

If More than 4 people authorized to charge, please attach separate sheet with information.

CONTRACTOR INFORMATION

(If hiring a contractor)

Business Name: _____ Contractor's Name:_____

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

Type of Business: Partnership____ Sole Proprietor____ Corporation____ LLC _____

Bond #_____ Any Bankruptcies:____ Yes____ No

Bonding Company:_____ Amount of Bond:_____

Address:_____ Phone #:_____

U.B.I. # : _____ Contractor's License #:_____

IF BUILDING A HOUSE WE NEED THE FOLLOWING INFORMATION:

Parcel # and Legal Description: _____

Construction Site Address: _____

Lending Institution: _____

Loan Officer: _____ Phone #: _____

TERMS OF SALE

Billing is through the end of the previous month. Accounts are considered past due if not paid by the 11th of the month following purchase. If purchases are delivered by us, customer agrees that Knudson's delivery records constitute proof of delivery when job site signature is not obtained. All accounts not paid by the 15th of the month following the billing month are considered delinquent and are charged 12% per annum - \$1.00 minimum service charge. Should your account be deemed by Knudson Lumber Co., Inc. to be insecure and a material supplier's lien is filed, I (we) agree to pay the cost of preparation and filing of said lien.

I (we) promise to pay my account in full by the 10th of the month following purchase. If, however, this account is not paid as agreed; the account will be considered past due and/or in default. In the event, it becomes necessary to take legal or collection against you (your company), Knudson Lumber and Hardware will be entitled to recover any and all fees involved, including attorney's fees and court costs whether incurred before or after the commencement of the suit or judgment. Venue for such suit shall be laid in the county of choice of Knudson Lumber and Hardware.

The undersigned further warrants that all of the information above is correct, that credit terms have fully explained and been accepted, and the applicant promises to abide by the terms of this agreement.

Signed: _____ Title: _____ Date: _____

Signed: _____ Title: _____ Date: _____
(Co-Applicant, if applicable)

CREDIT REPORT AUTHORIZATION

THE FOLLOWING MUST BE COMPLETED IN FULL BY APPLICANT

Last Name: _____ First Name: _____ M.I. _____

SSN: _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Night Phone: _____

Fax: _____ E-mail: _____

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your **CREDIT REPORT** will be retrieved. I certify that the facts set forth in this application are true and complete. I agree that a complete investigation of all information on this application will not constitute invasion of privacy. I authorize **EQUIFAX, P.O. Box 740241, Atlanta, GA 30374** to obtain a **CREDIT REPORT**, as necessary, for both Applicant and Guarantor(s).

Signature of Applicant/Guarantor: _____ Date: _____

THE FOLLOWING MUST BE COMPLETED IN FULL BY CO-APPLICANT (if applicable)

Last Name: _____ First Name: _____ M.I. _____

SSN: _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Night Phone: _____

Fax: _____ E-mail: _____

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your **CREDIT REPORT** will be retrieved. I certify that the facts set forth in this application are true and complete. I agree that a complete investigation of all information on this application will not constitute invasion of privacy. I authorize **EQUIFAX, P.O. Box 740241, Atlanta, GA 30374** to obtain a **CREDIT REPORT**, as necessary, for both Applicant and Guarantor(s).

Signature of Co-Applicant/Guarantor: _____ Date: _____

