

**Bloedorn Lumber Company – 2919 Main Street – Miles City, MT 59301**

Phone (406) 232-6677 Fax (406) 232-7472

**COMMERCIAL CREDIT APPLICATION**

This form must be completely filled out on both sides before credit can be approved.

Please print or type...Complete all questions, or answer N/A.

<b>FIRM NAME</b>		<b>PHONE</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX</b>	<b>FAX NUMBER</b>
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>MAILING ADDRESS</b>		
<b>SOLE OWNER?</b>	<b>PARTNERSHIP?</b>	<b>CORPORATION?</b>
<b>TYPE OF BUSINESS</b>		<b>LENGTH OF BUSINESS</b>
<b>PERSON IN CHARGE OF ACCOUNTS PAYABLE</b>		<b>TITLE</b>

**OWNERS – PARTNERS - OFFICERS**

<b>NAME</b>	<b>TITLE</b>	<b>SOCIAL SECURITY #</b>
<b>HOME ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>HOME PHONE</b>	<b>OFFICE PHONE</b>	

<b>NAME</b>	<b>TITLE</b>	<b>SOCIAL SECURITY #</b>
<b>HOME ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>HOME PHONE</b>	<b>OFFICE PHONE</b>	

<b>NAME</b>	<b>TITLE</b>	<b>SOCIAL SECURITY #</b>
<b>HOME ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>HOME PHONE</b>	<b>OFFICE PHONE</b>	

<b>JOB SUPERVISOR</b>	<b>JOB NAME</b>	
<b>HOME ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>HOME PHONE</b>	<b>OFFICE PHONE</b>	

**CREDIT REFERENCES**

<b>NAME</b>	<b>NAME</b>
<b>ADDRESS</b>	<b>ADDRESS</b>
<b>CITY/STATE/ZIP</b>	<b>CITY/STATE/ZIP</b>
<b>PHONE</b>	<b>PHONE</b>

<b>NAME</b>	<b>NAME</b>
<b>ADDRESS</b>	<b>ADDRESS</b>
<b>CITY/STATE/ZIP</b>	<b>CITY/STATE/ZIP</b>
<b>PHONE</b>	<b>PHONE</b>

**FINANCIAL INFORMATION**

<b>YOUR BANK</b>	<b>CHECKING ACCOUNT #</b>
<b>ADDRESS</b>	<b>SAVINGS ACCOUNT #</b>
<b>CITY/STATE/ZIP</b>	<b>MASTER CARD #</b>
<b>PHONE</b>	<b>VISA CARD #</b>
<b>BANK OFFICER</b>	<b>OTHER CARD #</b>

<b>AMOUNT OF CREDIT REQUIRED: \$</b>
--------------------------------------

PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION

Do you have, or have you had, any Judgments, Garnishments, or Bankruptcies? Yes \_\_\_\_ No \_\_\_\_

If so, explain:

---

---

---

I/We, the undersigned, understand the terms of an open account with you to be:

1. Accounts are due the 10<sup>th</sup> of the month following purchase. If **ACCOUNT BALANCES** are not paid in full within 30 days from date of your statement, a **FINANCE CHARGE** will be assessed. **FINANCE CHARGE** is computed by using a periodic rate of 1-1/2% per month, which is an **ANNUAL PERCENTAGE RATE OF 18%** applied to your **ACCOUNT BALANCE**. A minimum monthly **FINANCE CHARGE of \$.50** will be charged for all unpaid balances of \$35.00 or less. **-NOTICE TO OWNER.** If you pay the contractor for work or equipment, material or supplies delivered without having received from the contractor a waiver of lien by all subcontractors, or evidence of payment, a lien may be filed against your property by a subcontractor and/or material supplier. I/We, the undersigned, agree to pay the **FINANCE CHARGE** as described herein.
2. Accounts with **ANY** balance (including unpaid **FINANCE CHARGES**) over sixty (60) days past due may be placed on a COD basis and will remain on a COD for a period of thirty (30) days **FOLLOWING PAYMENT OF THE ACCOUNT IN FULL.**
3. **PROPERTY OWNER IS RESPONSIBLE FOR PAYMENT OF MATERIALS PURCHASED AND SUBJECT TO APPLICABLE MATERIALMAN'S LIEN STATUTES.** It is the policy of this company to exercise our lien rights on all past due accounts.
4. Responsibility for payment within our credit terms rests with the Company or Individual to whom the account was opened.
5. Credit Terms and Policies are subject to change without further notification to the customer.

---

I/We, the undersigned, agree to provide an updated financial statement when requested by this company.

I/We, the undersigned, do hereby agree that credit references and financial information provided on this application may be investigated and hereby consent to the release of any and all credit and financial information associated with the listed account.

I/We, the undersigned, do hereby authorize the company and/or its affiliates to whom this application is being submitted to obtain a consumer credit report for the purpose of evaluating extension of credit terms.

I/We, the undersigned, further agree that in the event of failure to make payment under the terms and conditions stated herein and the account is placed in the hands of an attorney for collection, I/We, agree to pay all costs and Expenses of collection, including reasonable attorney's fees.

I/We, the undersigned, do hereby certify all statements made herein to be true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**TWO SIGNATURES REQUIRED**

---

---

**Do Not Write Below This Line...For Office Use Only**

<b>APPROVED</b>	<b>DISSAPPROVED</b>	<b>CREDIT LIMIT \$</b>	<b>ACCOUNT #</b>
<b>CREDIT APPROVED BY</b>		<b>DATE</b>	
<b>NOTES</b>			
