

Bloedorn Lumber Company – 233 Howard Ave. – Billings, MT 59103-1395

Phone (406) 259-4534 Fax (406) 259-7414

INDIVIDUAL OR JOINT 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.

LAST NAME	FIRST	MIDDLE	HOME PHONE
STREET ADDRESS		P.O. BOX	OFFICE PHONE
CITY		STATE	ZIP
DRIVERS LICENSE #		STATE	SOCIAL SECURITY #
YRS. AT ABOVE ADDRESS	DO YOU OWN?	RENT?	OTHER?
LANDLORD'S NAME		PHONE	
PRESENT EMPLOYER		HOW LONG?	
NAME OF SUPERVISOR		PHONE	
EMPLOYER'S ADDRESS		CITY/STATE	

IF LESS THAN ONE YEAR

PREVIOUS EMPLOYER	HOW LONG?
NAME OF SUPERVISOR	PHONE
EMPLOYER'S ADDRESS	CITY/STATE

NAME OF SPOUSE	SOCIAL SECURITY #
PRESENT EMPLOYER	PHONE
EMPLOYER'S ADDRESS	CITY/STATE

IF JOINT ACCOUNT-NAME OF ACCOUNT SHALL BE

NAME OF ACCOUNT

IF SINGLE, NEAREST RELATIVE NOT LIVING WITH YOU

NAME	RELATIONSHIP	PHONE
ADDRESS	CITY/STATE	

CREDIT REFERENCES

NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE	PHONE

NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE	PHONE

FINANCIAL INFORMATION

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

AMOUNT OF CREDIT REQUIRED: \$
EXPLAIN IT'S USE:

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 10th 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

APPROVED	DISSAPPROVED	CREDIT LIMIT \$	ACCOUNT #
CREDIT APPROVED BY		DATE	
NOTES			
