



9860 Big Bend • St. Louis, Missouri 63122
314-966-9988 Fax: 314-966-4929
Toll Free: 888-845-5637

APPLICATION FOR CREDIT

NAME _____ PHONE NUMBER (____) _____

ADDRESS _____ YEARS IN BUSINESS _____

CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____

DO YOU PAY SALES TAX? YES ___ NO ___ EXEMPTION NUMBER _____

OWNER/OFFICERS:

_____ TITLE _____ SOCIAL SECURITY # _____

_____ TITLE _____ SOCIAL SECURITY # _____

BANK REFERENCE:

NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ PHONE NUMBER (____) _____

TRADE REFERENCES: (PLEASE COMPLETE IN FULL)

1) NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ PHONE NUMBER (____) _____

2) NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ PHONE NUMBER (____) _____

3) NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ PHONE NUMBER (____) _____

PERSON TO CONTACT RELATIVE TO ACCOUNTS PAYABLE:

NAME _____ PHONE NUMBER (____) _____

HIGH CREDIT REQUESTED \$ _____

I (we) agree, this application is made to the management of Wholesale Siding Depot for approval. If extended credit, I (we) do unconditionally personally guarantee payment of all sums due to Wholesale Siding Depot according to the terms extended. If however, this account is not paid as agreed, I (we) agree to pay in addition to the amount owed, 25% collection fees if the account is placed in the hands of a collection agency and/or reasonable attorney fees and court costs.

I/we agree that the usual credit inquiries may be made for the purpose of extending credit. You have my permission to check the consumer & commercial credit bureaus.

DATE _____ (OWNER) _____

* (WHERE APPLICABLE) _____ * (SPOUSE) _____

FOR OFFICE USE ONLY

APPROVED _____ DECLINED _____ HOLD _____

HIGH CREDIT _____ TERMS _____

APPROVED BY _____ DATE _____