# **Confidential Credit Application**



\*Individual Homebuilders, complete all asterisk areas only.

*Date:	*Phone #:		
Company *Name & Address:	*Phone #:		
	*Cell #:		
	*E Mail:		
	Web Address:		
A/P Contact:	Fax #:		
Federal ID #:	Years in business:		
*Individual Partnership	Contractor	Corporation	
Taxable Tax Exempt	$\overline{(\text{If exempt, please furnish exemption})}$		
*Have you ever filed Bankruptcy?	Yes	No	
*Are there any judgments or liens?	Yes	No	
Will you furnish financial statements?	Yes	No	
*Do you require PO's?	Yes	No	
Do you require job names / locations?	Yes	No	
*Are only certain people authorized to charge on account?	Yes		
If yes, please list authorized personnel only:			

#### **Please list Principal Owners or Stockholders**

Name & Address	Name & Address
Title:	Title:
*Social Security #:	Social Security #:

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### **Trade References**

Company Name: Address: City. State. Zin:		
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Telephone:		
Commune		
Company Name:		
Address:		
City, State, Zip:		
Telephone:	Fax:	
Company Name:		
Address:		
City, State, Zip:		
Telephone:		
Bank Reference		
*Name & Address:		
City, State, Zip:		
Telephone:		
Account Number:		
*Please Complete for a Residential Proj	ect	
*Lending Institution:		
Address:		
City, State, Zip:		
Telephone:		
Contact Name:		

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## Terms of Sale

We understand that your terms of sales are NET 10<sup>th</sup>, full payment due on the 10<sup>th</sup> of the month following the date of purchase. All past due invoices are subject to a 1-½% monthly finance charge (18% per annum) which I personally guarantee to pay. Late payments and/or disregard for our terms of sale may cause charging privileges to be revoked.

### **Personal Guarantee**

The undersigned do individually guarantee the payment of this account. In the event this account becomes delinquent applicant agrees to pay all reasonable expenses and collection fees including attorney fees should litigation be required.

### Principal (1)

*Printed Name:		
*Signature:		
*Social Security #:		
*Address:		
*City:		
Principal (2)		
*Printed Name:		
*Signature:		
*Social Security #:		
*Address:		
*City:		

