



41 Old Mill Rd Oldtown, ID 83822
(208)437-3153 • Fax: (208)437-3562 • (800)676-3153

OFFICE USE ONLY

REC'D: \_\_\_/\_\_\_/\_\_\_
POST: \_\_\_/\_\_\_/\_\_\_

A/C # \_\_\_\_\_
BY: \_\_\_\_\_

BUSINESS CREDIT APPLICATION

Company Name: \_\_\_\_\_
Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_
Billing Address: \_\_\_\_\_
Shipping Address (if different): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

STOREACCOUNT: Corporation LLC Partnership Credit Amount Requested: \$ \_\_\_\_\_
Purchases Are Taxable: Yes No Resale #: \_\_\_\_\_ State: \_\_\_\_\_

CREDITCARDACCOUNT: Name on Card (If Different From Above) \_\_\_\_\_
Card Billing Address (If Different From Above): \_\_\_\_\_
Card # \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ C.S.Code #: \_\_\_\_\_

To assure no interruption of account activity, customer is responsible for updating credit card information regularly.

COMPANY OR CORPORATION OFFICERS:

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
Social Security # \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_/\_\_\_/\_\_\_
Nature of Business: \_\_\_\_\_
Date Business Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Federal ID # \_\_\_\_\_
Accounts Payable Contact: \_\_\_\_\_ Purchase Order Required Yes No

CREDIT REFERENCES:

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_
City: \_\_\_\_\_ City: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
Fax: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Bank Institution Name: \_\_\_\_\_ Contact: \_\_\_\_\_
Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

EMAIL CORRESPONDENCE: (MONTHLY STATEMENTS ARE EMAILED OR FAXED)

EMAIL ADDRESS: (Please Print) \_\_\_\_\_ None
Statements Invoices Orders & Estimates

This application is made with the understanding that all Charges will be due and payable in full by the 10th of the month following the date of purchase. Delinquent accounts will be accessed interest at the rate of 1.5% per month (18% per annum) on any charges due at the end of the month following purchases. If credit is granted, the undersigned guarantees payment of all future debts owing to Albeni Falls Building Supply, Inc. In the event of default, applicant agrees to pay all costs, including reasonable attorney's fees incurred in collection of delinquent amounts.

X \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Print Name & Title \_\_\_\_\_

PERSONAL GUARANTEE:

In consideration of the extension of credit granted by Albeni Falls Building Supply, Inc. (hereafter AFBS) to \_\_\_\_\_ I hereby personally and unconditionally guarantee payment of whatever amount the above person or persons shall at any time owe to AFBS on account of goods hereafter delivered, whether said indebtedness is in the form of notes, bills or open account. This shall be an open and continuing guaranty and shall continue in force notwithstanding any change in the form of such indebtedness, or renewals or extensions granted by AFBS without obtaining consent thereto, and until expressly revoked by written notice from me to AFBS and any such revocation shall not in any manner affect my liability as to any indebtedness contracted prior thereto. Notice of indebtedness and of default in payment is hereby waived.

X \_\_\_\_\_ Guarantor Signature \_\_\_\_\_ Print Name & Title \_\_\_\_\_ Date \_\_\_\_\_

Acct. # \_\_\_\_\_
Acct. Name: \_\_\_\_\_



41 Old Diamond Mill Rd.  
 Oldtown, ID 83856  
 (208)437-3153  
 (800)676-3153  
 Fax: (208) 437-3562

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POST: ___/___/___
BY: _____

## CHARGE AUTHORIZATION

Name of Account: \_\_\_\_\_

Acct. # \_\_\_\_\_  
Acct. Name: \_\_\_\_\_

I hereby authorize the following people to pick up materials and sign for charge purchases on the above account with Albeni Falls Building Supply, Inc. and agree to pay for all charges so made. It is understood that this authorization is effective until revoked in writing.

- |          | Please X<br>add          | remove                   |          | Please X<br>add          | remove                   |
|----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | 4. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> | 5. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> | 6. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**CARD INFORMATION:**

CC# \_\_\_\_\_  
 Exp: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Billing Zip: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADDRESS CHANGES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMAIL ADDRESS CHANGES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## **CREDIT TERMS POLICY**

Payment of current balance to be paid in full by the 10<sup>th</sup> of the month following the date of purchase.

A 1-1/2% per month finance charge (18% per annum), begins to accrue on the last day of the month following purchase.

If you have a balance due on your account, Albeni Falls Building Supply will email or fax statements on the 1<sup>st</sup> working day after the 25<sup>th</sup> of each month.

Delinquent accounts 30 days or more past due, will be placed on C.O.D. until the entire balance is paid in full.

A check returned to Albeni Falls Building Supply, for any reason, will be assessed a service charge of \$25.00.

When making payments, please enclose your account number to insure payment is posted to the correct account. Accounts paid by credit card will be assessed an additional 3% of the amount being paid to cover charges incurred by Albeni Falls Building Supply to process the credit card transaction.

## **RETURN MERCHANDISE POLICY**

No material can be returned without first securing authorization from our Sales Department. Drivers cannot accept merchandise without such authorization.

All merchandise to be returned must be current and in new, salable condition, and purchased within the past 30 days.

There will be no returns accepted on non-stock items including custom milling or special orders.

Stocked inventory items may be returned to our store with no restock charge. There will be a pickup charge plus 15% restock charge for any material we pick up at your location. Please contact the sales department for verification.

All returned items must be identified with an invoice number and date of purchase. The items are subject to inspection and approval for restocking at Albeni Falls Building Supply prior to credit being issued.