

# Lyons Lumber Co., Inc.

555 Holmes Street P. O. Box 5115 Frankfort, KY 40602

## APPLICATION FOR CREDIT

ACCOUNT NAME		MAILING ADDRESS		
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	EMAIL ADDRESS	WEB ADDRESS	
DELIVERY ADDRESS				

=====OWNERSHIP INFORMATION=====

<input type="checkbox"/> INDIVIDUAL (Personal account)	NAME (include middle initial)	DOB	SSN
	SPOUSE (include middle initial)	DOB	SSN
<input type="checkbox"/> SOLE PROPRIETORSHIP (Business account)	NAME (include middle initial)	DOB	SSN
<input type="checkbox"/> PARTNERSHIP	PARTNER (include middle initial)	DOB	SSN
	PARTNER (include middle initial)	DOB	SSN
<input type="checkbox"/> CORPORATION	PRESIDENT (include middle initial)	DOB	SSN
	VICE PRESIDENT (include middle initial)	DOB	SSN
	SECRETARY (include middle initial)	DOB	SSN
	TREASURER (include middle initial)	DOB	SSN

FEDERAL ID # TAX EXEMPT?  YES  NO (If yes, please include a signed certificate)

=====BUSINESS INFORMATION=====

TYPE OF BUSINESS	INDUSTRY CODE	YEARS IN BUSINESS
EST. ANNUAL SALES		CREDIT AMOUNT REQUESTED
TOTAL ASSETS	TOTAL LIABILITIES	NET WORTH

=====BANKING INFORMATION=====

BANK	BRANCH	PHONE
ADDRESS	CITY	STATE ZIP
CONTACT	ACCT. NO.	ACCT. TYPE

=====EMPLOYMENT=====

EMPLOYER	EMPLOYMENT ADDRESS
POSITION / TITLE	PHONE NUMBER PERSONNEL CONTACT

=====TRADE REFERENCES=====

Business (Local References Preferred)	Contact	Address	Phone #

=====AUTHORIZATION=====

(LIST ANYONE AUTHORIZED TO CHARGE TO THIS ACCOUNT)

- |       |    |       |    |
|-------|----|-------|----|
| _____ | 1) | _____ | 4) |
| _____ | 2) | _____ | 5) |
| _____ | 3) | _____ | 6) |

=====CREDIT TERMS=====

Your account is DUE IN FULL on the 10<sup>th</sup> of the month following your purchase. To AVOID A FINANCE CHARGE your payment must be in our office by the 15<sup>th</sup> of the month. The finance charge is computed by applying a periodic rate of 1.5% per month, which is an annual rate of 18%. The minimum re-billing fee is \$3.00. Claims for errors or shortages must be made at the time of delivery. All material returned for credit must be accompanied by the purchase invoice, be clean and re-salable, and be returned within 30 days from date of purchase. A 10% handling charge will be added to returns made by our trucks or returns purchased over 30 days.

In the event of default, and if this account is turned over to an agency or an attorney for collection, the undersigned agrees to pay all reasonable attorney's fees, and/or costs of collection. Parties further agree that venue for court actions lie in Franklin County, Kentucky.

**Applicant's signature attests to:** 1) Financial responsibility, ability and willingness to pay in accordance with the above terms 2) Authorization to furnish materials and services to the contractors, agents, or employees listed above 3) Authorization to investigate all references and customary credit information sources regarding my/our credit and financial responsibility 4) All information on this form is true:

**INDIVIDUALS/SOLE PROPRIETOR SIGN HERE**

**PARTNERSHIPS/CORPORATIONS SIGN HERE**

\_\_\_\_\_  
\*SIGNED BY

\_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
\*SIGNED BY

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
\*SIGNED BY

\_\_\_\_\_  
TITLE

=====PERSONAL GUARANTEE=====

For valuable consideration, the receipt of which is acknowledged, including but not limited to the extension of credit by Lyons Lumber Company to \_\_\_\_\_, the undersigned, jointly and severally, unconditionally guarantee to Lyons Lumber Company, hereafter Obligee, the full and prompt performance including payment by the 10<sup>th</sup> of each month, hereafter Obligor, of all obligations which Obligor presently or hereafter may have to Obligee and payment when due of all sums presently or hereafter owing by Obligor to Obligee. Obligor agrees to indemnify Obligee against any losses Obligee may sustain and expenses the Obligee may incur including court costs and attorney's fees as a result of any failure of Obligor to perform. Obligor further agrees that venue for court actions lie in Franklin County, Kentucky. This shall be a continuing Guarantee.

\_\_\_\_\_  
\*PERSONAL GUARANTEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

**\*Please note: Incomplete or unsigned applications can not be processed.** (Rev. 07/17)