

Credit Application

PERSONAL INFORMATION

LAST NAME:		FIRST NAME:	
STREET ADDRESS:			
CITY:			
STATE:		ZIP CODE:	
EMAIL ADDRESS:		PHONE NUMBER:	
DATE OF BIRTH:		SOCIAL SECURITY #	
DO YOU OWN OR RENT THE ABOVE ADDRESS?	YES	N, APPROX GAGE BALANCE:	

BUSINESS INFORMATION

BUSINESS NAME:			
STREET ADDRESS:			
CITY:		ST	ATE:
ZIP CODE:		PHONE NUMBER:	
FAX NUMBER		E-MAIL:	
TYPE OF BUSINESS:		DATE STARTED:	
SALES TAX #:			
OWNERSHIP TYPE:	 INDIVIDUAL PARTNERSHIP CORPORATION 	IF CORP, UNDER WHAT STATE IS INCORPORATION?	

FEIN#	DATE INCORPORATED:
IF SUBSIDIARY: NAME, ADDRESS, & PHONE# OF PARENT CO.	

PRINCIPALS:

NAME:		PO	SITION
RESIDENCE ADDRESS: (NO PO BOX)			ZIP CODE:
OWN OR RENT?	O OWN RENT	PHONE:	
NAME:			POSITION:
RESIDENCE ADDRESS: (NO PO BOX)			ZIP CODE:
OWN OR RENT?	O OWN	PHONE:	

LIST AT LEAST THREE CREDIT REFERENCES:

SUPPLIER:			
COMPLETE ADDRESS:			
PHONE NUMBER:		FAX NUMBER:	
ACCOUNT NUMBER:			
SUPPLIER:			
COMPLETE ADDRESS:			
PHONE NUMBER .:		FAX NUMBER:	

ACCOUNT NUMBER:			
SUPPLIER:			
COMPLETE ADDRESS:			
PHONE NUMBER:		FAX NUMBER:	
ACCOUNT NUMBER:			
*PLEASE INCLUDE AN	NY ADDITIONAL REFRENCES ON THE	E BACK.	
BANK:			
NAME OF BANK			
COMPLETE ADDRESS:			
PHONE NUMBER:	E	ANK OFFICER:	
CHECKING ACCOUNT NUMBER			
LOAN ACCOUNT NUMBER:			
OTHER ACCOUNT NUMBER:			

I/We certify that all the information provided on this form is correct. I/We fully understand your credit terms and agree to the proper payment in consideration of extended credit. I/We hereby authorize all banks and credit references to release any and all requested information to Budget Home Center and Supply. I/We authorize Budget Home Center and Supply to procure individual & business credit reports. It is understood that Budget Home Center and Supply will impose a service charge of two (2) percent a month on past due balances and that the undersigned will pay all costs of collection including a reasonable amount for attorney fees. The undersigned agrees that if credit is granted by Budget Home Center and Supply, undersigned will be personally responsible for all invoices as presented.

PRINT NAME:]	
SIGNATURE:	DATE	
PRINT NAME:]	

DATE	

GUARANTY

Terms are net the 10th. All payments are due on the 10th of the month following the date of purchase. Any unpaid balance will be subject to a service and/or finance charge.

To Budget Home Center, Inc.

For value received, and for the purpose of enabling	, Debtor, to obtain credit from you, the
undersigned hereby guarantees prompt payment at maturity, and at all times	thereafter, of any and all principal and
interest of any and all indebtness upon which said debtor now is or may here	eafter, from time to time, become
obligated to you.	

This is an individual, absolute, unconditional, continuing guaranty of payment.

The undersigned may, by actual notice given to and received by you, withdraw from liability for additional indebtness accepted by or incurred to you from time the time of receipt of such notice by you, but the liability of the undersigned shall not be otherwise affected.

Dated thisday	of	, 20
		Signature:
		Social Security #:
Witnesses:		
Signature:		
Signature:		
ACCOUNT PREFERE	ENCES:	
I WOULD LIKE MY STATEMENT E-MAILED TO ME:	O YES O NO	E-MAIL ADDRESS FOR MONTHLY STATEMENT:
I WOULD LIKE MY INVOICES E-MAILED TO ME:	O YES O NO	E-MAIL ADDRESS FOR INVOICES
I WOULD LIKE TO ACCESS MY ACCCOUNT ONLINE :	O YES O NO	*IF YES, PLEASE PROVIDE A USERNAME AND PASSWORD BELOW. TO ACCESS THE LOG-IN PAGE PLEASE VISIT www.budgethomesupply.com AND CLICK ON 'MY ACCOUNT" IN TOP RIGHT CORNER.
USERNAME:		
PASSWORD:		

Depending on account approval you will be asked to submit a Signer's List.

Account Name:			
Account Number: (we will assign)			
Current Fax:			
The following persons are authorized to make purchases on my account at Budget Home Center and Supply:			
Please check if you want:	 To Require Purchase Orders on your account. All Signers Must Show Identification. 		
This form was filled out by:		Date:	