

CONFIDENTIAL CREDIT APPLICATION

SIPE LUMBER COMPANY/SIPE WHOLESALE COMPANY
2750 US HWY 64-90 WEST
TAYLORSVILLE, NC 28681

1.800.433.5800
828.632.4679
FAX 828.632.1554

FIRST NAME _____ MIDDLE _____ LAST _____
SS# _____ - _____ - _____ DL# _____ CONTRACTOR LIC.# _____
CELL PHONE# (____) _____ - _____ HOME PHONE# (____) _____ - _____ EMAIL _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
SPOUSE NAME _____ MIDDLE _____ SS# _____ - _____ - _____ DL# _____
PLACE OF EMPLOYMENT _____ OCCUPATION _____ WORK PHONE# (____) _____ - _____

CREDIT REFERENCES

NAME _____ ADDRESS _____ PHONE# (____) _____ - _____
NAME _____ ADDRESS _____ PHONE# (____) _____ - _____
BANK REFERENCE _____ CONTACT _____ PHONE# (____) _____ - _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
ACCOUNT NEEDED FOR: _____ NEW CONSTRUCTION _____ REMODELING _____ OTHER _____
CONSTRUCTION LOAN: _____ YES _____ NO NAME OF LENDER _____ CONTRACTOR _____

DIRECTIONS TO JOB SITE

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

The undersigned hereby requests credit from Sipe Lumber Company Inc./Sipe Wholesale Company Inc. according to its regular terms: ALL PURCHASES MADE PRIOR TO THE 26TH OF EACH MONTH ARE TO BE PAID IN FULL BY THE 10TH OF THE FOLLOWING MONTH. If not paid by the 25th of said following month, a finance charge of 1 ½% may be assessed on the unpaid portion of the balance as of the prior 25th of the month. Should the account be placed with an attorney for collection, the undersigned agrees to pay reasonable attorney fees and other cost incurred in collection.

We agree to be fully responsible for all purchases made by the undersigned or any agents employed by the undersigned.

I understand that information given to Sipe Lumber Company/Sipe Wholesale Company may be verified.

SIGNATURE DATE SPOUSE DATE