For more information regarding applications or accounts, please call or fax Credit Manager at:

697 GLEN ROAD JAY, NY 12941 PHONE (518) 946-2110 x171 FAX (518) 946-2188



(For Office Use Only)	
Account NoAccepted AppAccount CodeManagerAssigned Salesperson:	_Date

Quality, Service & Value

CREDIT APPLICATION FOR CONTRACTORS & COMMERCIAL ACCOUNTS

APPLICANTS NAME:	E-Mail Address E-Invoice E-Statement							
				<u> </u>	Power Pro			
Full Legal Name of Company, Partnership or Individual								
Business Mailing Address	City		State	Zip	County			
Street Address (If Different)	City		State	Zip	County			
Previous Address (If less than 2 years at Current Address) City			State	Zip	County			
()_ Business Phone No.	() Cell Phone	(_) Fax No.		_			
Have you ever applied for credit with our company? If so, when and what type of account?								
BUSINESS INFORMATION:								
Type of Organization: Prop (Please Check Box)	orietorship/DBA 🛭 Co	orporation*	☐ Partnership* ☐ LLC/LLP**Number of Members/list all below					
Tax ID#								
Length of Time in Business	e in Business State of Incorporation Dunn and Bradstreet Number				ber			
Banking Info: Bank Name and Account No. Driver's License No.								
Previous Business Name & Address			Accounts Payable Contact					
\$								
\$Amount of Credit Requested (Estima	ted Monthly Purchases)							
BILLING REQUIREMENTS:								
P.O. Required Sales Tax Exemption								
Authorized Purchasers								
All persons listed above as authorized purchasers will be considered authorized purchasers until written notice is received by Ward Lumber's Accounts Receivable department that any given individual is no longer authorized. Applicant is responsible for all purchases made by authorized purchasers. In order to be added to applicant's credit application, the names of additional authorized purchasers must be submitted in writing to Ward Lumber's Accounts Receivable department under "applicant's signature".								
INFORMATION ABOUT PRINCIPALS: (Proprietors, Partners, Officers) Attach add'I sheet if necessary.								
Name Last, First MI	Home Address		Home Phone	D.O.B.	Social Security No.			
Name Last, First MI	Home Address		Home Phone	D.O.B.	Social Security No.			

CREDIT INFORI	MATION:					
Commercial Trade Re	eferences					
1.						
Account #	Name of Supplier	City and State	Phone Number	Fax Number		
2 Account #	Name of Supplier	City and State	Phone Number	Fax Number		
3 Account #	Name of Supplier	City and State	Phone Number	Fax Number		
4 Account #	Name of Supplier	City and State	Phone Number	Fax Number		
OUR TERMS:						
In consideration	of Ward Lumber, Inc., and/or	subsidiaries selling to me or	to my agent(s), I (we) agree	to the following terms:		
1) To pay the month	ly statement in full by the end	d of the month following the m	onth of purchases.			
2) In the event of default of foregoing paragraph (1), I (we) agree to pay a finance charge of 1 1/2% monthly on all unpaid past due balances.						
3) In the event of non-payment, I (we) agree to pay all costs and expenses of collection, including attorney fees & continuing finance charges until payment is secured. In the event legal action is necessary the individual consents to the use of Town of Jay / and or Essex County being utilized for jurisdictional purposes.						
4) When we receive payment for an account that has finance charges outstanding in the balance owed, the monies received will first be credited against that interest owed. The balance of the payment remaining will then be applied against the oldest outstanding						
invoice(s), unless otherwise specified to a specific job. 5) I (we) authorize the trade reference(s) stated above to disclose any credit reference information requested, as well as a credit						
bureau check to secure a line of credit.						
6) I (we) understand exceeded at any t		ght to close such account if to	erms are not complied with o	or if the credit limit is		
exceeded at any t	ime.					
	App	olicant's Signature (Must be sign	ed by Officer(s) of Corp.)	Title		
Date		Anount o orginaturo (muot po orgin	isa by Gilloci(s) or Gorpi)	11110		
	Persona	al Guaranty of Applican	t's Payment			
the above application to be made in the fut days or more past duagency for collection, any default or provisifully paid. The under description, including undersigned waives a subject thereto or extended to be made and the subject thereto or extended to be made and the subject thereto or extended to be made and the subject thereto or extended to be made and the subject thereto or extended to be made and the subject thereto or extended to be made and the subject thereto or extended to be made and the subject thereto or extended to be made and the subject thereto or extended to be made in the future of the subject	in, the undersigned, jointly and so ure, including a late fee of one use. In addition, I/we agree that I/we will pay all costs of collect on shall not be a waiver of any signed waives notice of accept of notice of the accrual of any any requirement that Ward Lum haust any right or take any acti	mber Co., Inc., to the person, fir everally, unconditionally guarant and a half percent (1 1/2%) per if the account becomes delinque ion, including any attorney's fee other or later default and this a ance of the guarantee and notion obligation or liability to any suber Co., Inc. protect, secure, per on against the applicant(s) or any extension of time, payment more	ee payment for any and all purmonth, computed from monthent and is placed in the hands and accumulated finance of greement shall be binding upones of any default and demander person, firm or compare frect or insure any security in any other person or entity or a	irchases made previously, or to month on all amounts 30 s of an attorney or collection narges, and waiver by you of on us until our debt to you is nd of every kind, nature and my or the undersigned. The terest or lien or any property		
Date:						
):		Witness:			
	ture):		Witness:			
	ture):		Witness:			
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