

SUMMIT BUILDING SUPPLY

252 Possum Trot Rd, Burnsville, NC 28714 Phone: 828-682-9841 Fax: 828-682-9357

WEBSITE: SUMMITBUILDINGSUPPLY.COM

BUSINESS APPLICATION FOR CREDIT

Business Name _____

Mailing Address _____ Street Address _____

City: _____ State _____ Zip _____ Phone _____

Business Fax _____ Home Phone _____ Cell # _____

Owner's Name _____ Address _____

EMAIL ADDRESS: _____

Business Structure (check one) Corporation _____ Partnership _____ Proprietorship _____ LLC _____

If Business is individual Proprietorship or Partnership, list names of owner(s) below:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

If Business is a Corporation or LLC, List officers below:

President _____ Address _____ Phone _____

V.P. _____ Address _____ Phone _____

Sec. _____ Address _____ Phone _____

Treas. _____ Address _____ Phone _____

Tax Exempt: Yes _____ No _____ If yes, attach copy of tax exempt form

Below, List Business References (i.e., other building suppliers)

Company	City	State	Zip	Contact	Phone	Acct #
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1) _____

2) _____

3) _____

4) _____

5) _____

Banking References

Institution Name	Address	State	Zip	Contact	Phone
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Terms of Account are as follows: The applicant(s) agrees to grant Summit Building Supply permission to check credit references in order to make their decision on this application. The applicant also understands the account will be set up to be paid in full by the 10th day of each month for the previous months statement balance. A 1.5% per month finance charge will be accessed to past due accounts. The applicant(s) agrees to these terms and to personally guarantees the account will be paid.

President/Owner Signature: _____ **Date:** _____

V.P./ Co-Owner Signature: _____ **Date:** _____

SUMMIT SALESMAN



252 POSSUM TROT RD
BURNSVILLE, NC 28714
PHONE: 828-682-9841 FAX: 828-682-9357
khopson@summitbuilding.net

PERSONAL GUARANTEE FOR BUSINESS ACCOUNT

Company Name: _____

Company Address: _____

Company Phone: _____ Company Fax: _____

Name of first guarantor: _____

Address: _____

Home Phone: _____ Fax: _____ Cell: _____

Social Security Number: _____ Date of Birth: _____

Position held with Company: _____ EMAIL _____

Name of second guarantor: _____ (If Applicable)

Address: _____

Home Phone: _____ Fax: _____ Cell: _____

Social Security Number: _____ Date of Birth: _____

Position held with Company: _____ EMAIL _____

By signing below, you personally guarantee to be responsible for the payment of any debts incurred at Summit Building Supply by the above listed business. Should the business fail to pay or become unable to pay for any reason, the guarantor(s) listed above, and who have signed below, will be personal responsible for payment in full. I (we) also grant Summit Building Supply permission to check into my (our) personal and business credit history, which may include obtaining information from a credit-reporting agency such as Equifax.

Guarantor Signature: _____ Date: _____

Second Guarantor Signature: _____ Date: _____