

**Levee Lumber Inc**

PO Box 88 \* 523 Levee Street  
Hoquiam, WA 98550

Phone: 360-532-1850 Fax: 360-532-9004

**PERSONAL CREDIT  
APPLICATION & AGREEMENT  
30-DAY ACCOUNT**

**FOR OFFICE USE ONLY**

Acct #		Opened		Contractor	
PL	Class	Signatures	Cr Limit	Store #	LTR

**PLEASE PRINT Incomplete form may result in denial of your application**

**APPLICANT INFORMATION**

Amount of credit requested. Terms are Net 10th so credit limit should be what you want to pay during any one month. \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix (Sr., Jr.) \_\_\_\_\_ Social \_\_\_\_\_

House Number \_\_\_\_\_ Street \_\_\_\_\_ Apt/Suite \_\_\_\_\_ PO Box # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Time Employed \_\_\_\_\_ Years \_\_\_\_\_ Months Gross Income \$ \_\_\_\_\_ per Week Month Year

Ship to Address if different from mailing or house # \_\_\_\_\_

Have you or your co-applicant applied for credit at Levee Lumber in the past?  Yes  No If yes, when? \_\_\_\_\_

**SPOUSE/CO-APPLICANT INFORMATION**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix (Sr., Jr.) \_\_\_\_\_ Social \_\_\_\_\_

House Number \_\_\_\_\_ Street \_\_\_\_\_ Apt/Suite \_\_\_\_\_ PO Box # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Time Employed \_\_\_\_\_ Years \_\_\_\_\_ Months Gross Income \$ \_\_\_\_\_ per Week Month Year

**AUTHORIZED SIGNATURE ACCOUNT:** You may choose to set your account up as a signature account. Charges will be accepted only from the persons or agents listed below. Any change in authorized signatures must be made in writing. **Please print** the names of all people allowed to charge on your account, including yourself.


**Please turn page over, fill out all information and sign.**

Indicate purpose of account:  New Home  Remodel  Deck  Garage  Other \_\_\_\_\_

**YOUR BANKING INFORMATION**

Checking  Name/Address/Phone \_\_\_\_\_

Savings  Name/Address/Phone \_\_\_\_\_

Own Home  Rent Home  Mortgage holder or Landlord name \_\_\_\_\_ Phone: \_\_\_\_\_

Construction Loan  Bank Name \_\_\_\_\_ Loan Officer \_\_\_\_\_

**YOUR CREDIT REFRENCES  
(No personal references, please)**

1) Business Name \_\_\_\_\_ Acct# \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

2) Business Name \_\_\_\_\_ Acct# \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

3) Business Name \_\_\_\_\_ Acct# \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

4) Business Name \_\_\_\_\_ Acct# \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

**RETURN GOODS POLICY**

Returns must be accompanied by invoice or sales slip. Merchandise must be in salable condition and returned within 30 days of purchase. Purchases paid with a credit card will be refunded to same. Any purchase made by a check must have cleared the bank prior to the refund.

**THE APPLICANTS ON THIS CREDIT APPLICATION AGREE THAT ALL PURCHASES MADE TO THEIR ACCOUNT ARE SUBJECT TO THE FOLLOWING CREDIT TERMS AND CONDITIONS AS WELL AS ANY TERMS AND CONDITIONS STATED ON THE INVOICE:**

1. All sales will be C.O.D. until this credit application has been approved.
2. All purchases are due in full by the 10th of the month following the date of purchase. (Example: Invoices dated January 1 and January 31 are both due in full by February 10 and past due on February 11.)
3. No credit will be extended more than 30 days past the due date. All accounts with any balance 30 days past due will be subject to a credit hold. Any account with a history of delinquencies will be subject to a credit hold at any time.
4. Overdue accounts are assessed a monthly service charge of 1.5% (18% pr annum).
5. The undersigned purchaser agrees to pay in the event the account should become delinquent and is turned over to an attorney for collection, reasonable attorney's fees plus all court and attendant collection fees. Venue shall be in Grays Harbor County, Washington or Pierce County, Washington, or any other county at Levee Lumber's discretion.
6. Seller may apply payments at it's sole discretion unless purchaser clearly indicates how funds are to be applied.
7. This credit application shall be governed by the laws of the State of Washington.

I/we certify that the information herein is true and correct and I/we agree to pay this account in accordance with Levee's credit terms. I/we agree to pay for all charges incurred by those authorized to charge on this account. If this account is in default and is assigned to a collection agency for collection, then I/we shall be liable for collection costs and fees including contingent collection fees charged by the collection agency in addition to principal, interest and all other charges owing on the account. If legal action is commenced, then Washington State law shall apply. Levee Lumber may place venue in the Superior Court of Grays Harbor County or Pierce County, Washington or any county of Levee Lumber's choice and the prevailing party shall be awarded its taxable costs and reasonable attorney fees. I/we, authorize Levee Lumber to verify information on this credit application by contacting other suppliers and obtaining credit information from time to time from a credit reporting agency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_