



51300 Five Mile Rd. • Northville, MI 48168 • (248) 349-0220 • www.northvillelumber.com

COMMERCIAL CREDIT APPLICATION

Instructions: The following information is submitted as a request to obtain an extension of credit. The applicant must complete this application in its entirety. In addition, the applicant must sign the Contract to Purchase Form.

INFORMATION ABOUT YOUR BUSINESS (please print)

YOUR COMPANY NAME (Full Legal Name)		CREDIT LIMIT REQUESTED	*
		\$	
TYPE OF BUSINESS (Check a Box) <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> INDIVIDUAL OWNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP			STATE INCORPORATED IN
YOUR BILLING ADDRESS	NUMBER & STREET	CITY	STATE ZIP CODE
BUSINESS PHONE NUMBER (Include Area Code)		HOW LONG IN BUSINESS?	TYPE OF BUSINESS
BUSINESS IDENTIFICATION NUMBER(S) (If Applicable)		FEDERAL EMPLOYER I.D. NUMBER	BUILDERS LICENSE NUMBER
HAS YOUR COMPANY PURCHASED FROM US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MUCH DID YOUR COMPANY SPEND IN THE LAST MONTH? \$		IF YES, WHO IS YOUR SALESPERSON?

COMPANY'S PARTNERS OR OFFICERS

1. NAME	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
HOME ADDRESS	NUMBER & STREET	CITY	STATE ZIP CODE
2. NAME	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
HOME ADDRESS	NUMBER & STREET	CITY	STATE ZIP CODE
3. NAME	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
HOME ADDRESS	NUMBER & STREET	CITY	STATE ZIP CODE

EMAIL CONTACTS FOR INVOICE / STATEMENTS

NAME	EMAIL ADDRESS	NAME	EMAIL ADDRESS
NAME	EMAIL ADDRESS	NAME	EMAIL ADDRESS

BANKING REFERENCES

BUSINESS CHECKING ACCOUNT NUMBER	INSTITUTION AND BRANCH <i>(Include City and State)</i>		
BUSINESS SAVINGS ACCOUNT NUMBER	INSTITUTION AND BRANCH <i>(Include City and State)</i>		
ARE YOU OR YOUR COMPANY A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TO WHOM?	BALANCE OWING
ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU OR YOUR COMPANY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TO WHOM?	BALANCE OWING
HAVE YOU OR A COMPANY IN WHICH YOU HAVE BEEN A PRINCIPAL FILED FOR BANKRUPTCY IN THE LAST TEN YEARS?			<input type="checkbox"/> YES <input type="checkbox"/> NO

TRADE REFERENCES

INSTRUCTIONS: USE AN ADDITIONAL SHEET IF NECESSARY. INCLUDE LUMBER SUPPLIERS.

1. NAME OF SUPPLIER	CITY/STATE	PAYMENT TERMS	PHONE NUMBER
2. NAME OF SUPPLIER	CITY/STATE	PAYMENT TERMS	PHONE NUMBER
3. NAME OF SUPPLIER	CITY/STATE	PAYMENT TERMS	PHONE NUMBER
4. NAME OF SUPPLIER	CITY/STATE	PAYMENT TERMS	PHONE NUMBER

COMPANY'S METHOD OF AUTHORIZING PURCHASES

PURCHASE ORDER REQUIRED ON ALL PURCHASES? <input type="checkbox"/> YES <input type="checkbox"/> NO	OPEN PURCHASE ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
AUTHORIZED SIGNATURE FILE <input type="checkbox"/> YES <input type="checkbox"/> NO <i>INSTRUCTIONS: IF YES, COMPLETE NAMES OF AUTHORIZED PURCHASERS IN SECTION BELOW.</i>	
TELEPHONE VERIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO <i>INSTRUCTIONS: IF YES, PROVIDE NAME OF CONTACT</i>	TELEPHONE NUMBER
IF NONE OF THE ABOVE APPLY, LIST YOUR AUTHORIZING METHOD HERE	

NAMES OF AUTHORIZED PURCHASERS

INSTRUCTIONS: USE AN ADDITIONAL SHEET IF NECESSARY. (PLEASE PRINT)

NAME	NAME

