

Irving's Home Center Credit Application & Agreement

Applying as: Individual: Complete Sections A, C, &D Business: Complete All Sections

PLEASE PRINT

A. Applicant:

Name: _____ Social Security #: _____ D.O.B.: _____

Spouse: _____ Phone: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Amount of Credit Requested: _____ E-Mail: _____

(You will receive our monthly newsletter with offers & promos.
If you do not wish to receive our newsletter, check here _____).

B. Business Information (if applicable):

Legal Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Tax I.D.#: _____ How long in Business: _____

Partnership

Corporation

Sole Proprietorship

Owners of Record:

Name: _____ Address: _____ Title: _____

Name: _____ Address: _____ Title: _____

Name: _____ Address: _____ Title: _____

Primary Type of Account (check one): Personal Painting Contractor Builder

Non-Profit Organization Landlord/Property Mgt. Commercial Dealer

Is the Organization/Business Tax Exempt? Y or N If so, for what reason? _____

(All tax exempt accounts must provide an ST-5 and ST-2 Form)

C. Credit References:

<u>Name</u>	<u>Contact</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

D. Persons Authorized to use Account:

Credit Terms: We close our books on the 25th of month. Statements are sent out and full payment is due by the 15th of the following month. Any balance unpaid by the 25th will be subject to a service charge of 1.5% per month (18% yearly).

The preceding information is for the purpose of obtaining credit & is warranted to be true. The undersigned individual who is either the applicant, a principal of the credit applicant, or a sole proprietorship of the credit applicant recognizes that his/her credit history and references may be a factor in the evaluation of the credit history of the applicant, hereby consents to & authorizes the use of consumer credit report on the undersigned & associated business names, from time to time, as may be needed in the credit evaluation process. We, and each of us, do certify that we will be individually & severally responsible for any charges made by either or any of the parties on this account. Should legal action be required to collect this account, I/We will pay all collection, legal and court costs. All signatures for business accounts are signed for personally.

Date: _____ **Signed:** _____

For Store Use Only:

Customer No: _____

P.O. Required (Y/N): _____

Account Codes: _____

Cash Account (Y/N): _____

Tax Code: _____

Finance Charge: _____

Credit Limit: _____

STD Sell Price: _____

Message: _____
