

MARCON INC. BUILDING SUPPLY

PERSONAL CREDIT APPLICATION

CONTACT INFORMATION

Name: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Home Address: _____
City: _____ State: _____ ZIP Code: _____
Mailing Address (if different from above): _____
Social Security Number: _____ Driver's License Number: _____
Employer Name: _____ Position: _____
Address: _____
Full Time: Yes No Salary: \$ _____ Number of Years Employed: _____
Work Phone: _____ Work Fax: _____ Work Email: _____
Married: Yes No Spouse's Name: _____ Spouse's Date of Birth: _____
Spouse's Employer Name: _____ Position: _____
Address: _____
Full Time: Yes No Salary: \$ _____ Number of Years Employed: _____
Statement Delivery Method: Print Email Email Invoices: Yes No

Requested Credit Limit with Marcon Building Supply, Inc.: _____

BANK REFERENCES

Bank Name: _____ Bank Contact: _____
Bank Address: _____ Phone: _____
City: _____ State: _____ ZIP Code: _____
Type of Account: _____ Account Number: _____

CREDIT REFERENCES

Company Name: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Type of Account: _____ Credit Limit: _____
Company Name: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Type of Account: _____ Credit Limit: _____

TERMS OF AGREEMENT

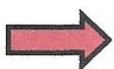
1. All invoices are to be paid within 30 days. Balances aging over 30 days are subject to interest charges at the rate of 2% per month until past due balances are satisfied. If customer charges becomes 60 days past due, a hold will be placed on the account until the past due balance is satisfied.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Marcon Building Supply, Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. Signee agrees to pay any and all legal expenses incurred in an attempt to collect past due payments.

SIGNATURES

I confirm that all information provided is complete and accurate to the best of my knowledge. I authorize Marcon Building Supply, Inc. to verify information from sources provided and to obtain credit information from local and/or national credit reporting agencies.

Signature of Business Owner or Officer: _____ Printed Name: _____
Title: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION VIA EMAIL, FAX OR MAIL.
Email: accounts@marconbuildingsupply.com Fax: 724-329-0985
Or mail to Marcon Building Supply, Inc. PO Box 37 Markleysburg, PA 15459



Marcon Building Supply, Inc

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

I authorize ongoing charges against my credit card for the following purpose:

Purpose: _____

I authorize a one-time charge against my credit card for the follow amount \$ _____

I authorize a recurring charge against my credit card for the following amount

\$ _____ once every _____ day(s)/week(s)/month(s)/year(s) beginning

_____/_____/_____ and ending after _____ payments.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ___/___/___

Security Code: _____