

## HOMEOWNER CREDIT AGREEMENT

## **AUTHORIZATION TO CHECK CREDIT**

**Amount of Credit Line Requested: \$\_** 

The information provided is for the purposes of extending credit to ME/US on YOUR terms (listed on reverse side). The information stated by ME/US below is true and made for the purpose of obtaining credit and may be relied upon by YOU in making credit decisions. I/WE hereby authorize My/Our bank(s) and references listed to furnish you all information, including confidential information, necessary to complete YOUR evaluation of MY/OUR credit history and financial responsibility.

| Signature(s) required on front and back of Credit Application Agreement.   |                                       |  |  |
|--|---------------------------------------|--|--|
| Applicant's Signature:   | Date:/                                |  |  |
| Joint Applicant's Signature:   |                                       |  |  |
| APPLICANT  |                                       |  |  |
| First Name: Middle Initial:  | Last Name:                            |  |  |
| Home Address: City: _  | Last Name: Zip:                       |  |  |
| Previous Address (If Less Than 2 Years):   | Years at Current Address  Security #: |  |  |
| Home Phone #: ( ) Business Phone #: ( )  |                                       |  |  |
| Cellular Phone #: ( ) E-Mail Address:  |                                       |  |  |
| Driver's License # and State:  |                                       |  |  |
| Name and Address of Employer:  |                                       |  |  |
| # Years with current employer: Posit   | ion:Annual Salary:                    |  |  |
| Credit References (Check All That Apply):  Bank Name and Phone #:  Checking  Account #: Savings  Account #:        |                                       |  |  |
| Credit Card Account # Expiration Date:   |                                       |  |  |
| Visa ☐ Mastercard ☐ American Express ☐   |                                       |  |  |
| Personal References:  Name & Address of nearest relative or friend not living with you:  Telephone ( )             |                                       |  |  |
| JOINT APPLICANT First Name: Middle Initial:  | Last Nama                             |  |  |
|  | State: Zip:                           |  |  |
| •  |                                       |  |  |
| Do you (Check One) Own $\square$ Rent $\square$ Years at Current Address  Previous Address (If Less Than 2 Years): |                                       |  |  |
| Birth Date:/ Social Security #:  |                                       |  |  |
| Home Phone #: ( ) Business Phone #: ( )  |                                       |  |  |
| Cellular Phone #: ( ) E-Mail Address:  |                                       |  |  |
| Driver's License # and State:  |                                       |  |  |
| Name and Address of Employer:  |                                       |  |  |
|  | on:Annual Salary:                     |  |  |
| Relationship to Applicant: Spouse $\square$ Other $\square$ Explain:   |                                       |  |  |

## **TERMS & CONDITIONS**

| Credit Terms:              | All accounts exceeding 30 days past initial statement date will be put on hold until payments are made to bring the account to a current status. Names of individuals authorized to use this account are to be stated in writing by the applicants on this agreement.      |   |  |
|----------------------------|--|---|--|
| <b>Discount Terms</b> :    | Balances paid in full by the 10 <sup>th</sup> day of the following month of purchase (Invoice Date) are allowed a 2% discount. <i>Cash or Check Only</i> , <i>Bankcards are not accepted for the 2% discount</i> .   |   |  |
| Finance Charges:           | Finance Charges will be assessed on all balances exceeding 30 days of initial statement date. The finance charge is calculated at 1.5% of the outstanding balance not to exceed an annual percentage rate of 18.0%, or the maximum permitted by law, whichever is greater. |   |  |
| <b>Check Return Policy</b> | Our check return policy is to charge a \$25 administrative fee for all Checks returned from the customers' financial institution.  |   |  |
| Product Return Polic       | days of the date of purchas<br>otherwise notified by Hing<br>Lumber Company reserves   | le to make all merchandise returns within 30 e. Special Order sales are final unless ham Lumber Company, Inc. Hingham the right to charge a minimum of 10% for all 10% additional for pick-up of returned |  |
| <b>Collection Costs:</b>   | If this account is placed for collection, I/We agree to pay all charges for collection, including attorney fees, court costs and all recording or filing fees.   |   |  |
| AUTHORIZED TO              | ) CHARGE LIST  |   |  |
|                            |  |   |  |
| ·                          |  |   |  |
| APPROVED IN W              | RITING BY HINGHAM  | TIONS WILL BE ACCEPTED UNLESS LUMBER COMPANY.  he basis of marital status or sexual   |  |
|                            | ND THESE CREDIT TE   | RMS & CONDITIONS  |  |
|                            |  | Date:/  |  |
| Appli Signature            |  | Date:/  |  |
| Joint .                    | Applicant (if applicable)  |   |  |
| (Internal Use Only)        |  |   |  |
| Credit Line Approved       | \$ Account #   |   |  |