

HAMLIN

Building Center

Account Application - Business Account

Business Name _____

Name _____ SSN _____ DOB ____/____/____

Business phone number (____) _____ - _____ Cell phone number (____) _____ - _____

Full Mailing Address _____

Email _____

Select options below as you want your account to be set up

- Invoices emailed daily
- Statements emailed monthly
- Online access to my account
- Notify when special orders are received into HBC
- Notify when orders have been delivered
- Require references on all orders

Expected Credit Limit \$ _____ Name of your salesperson _____

Balance due per normal terms... due 10th of each month with interest of 1% starting on the 15th.

Bank Reference:

Bank _____ Contact _____ City _____ State _____

Suppliers or Creditors who have extended credit to you:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

By signing below, I authorize Hamlin Building Center, Inc. to check credit score(s) and verify any other information on this application with my suppliers and/or creditors. By my signature below I personally and individually guarantee payment of account. Applicant agrees that if payment is not made when

due and collection of any amount is placed in the hands of an attorney or third party for collection, or suit is filed thereon or proceedings are had in probate, bankruptcy, receivership, arrangement or legal proceedings for collection of any such amount.

Applicant agrees to pay cost and expenses of collection. Including attorney's fees.

Owner or Officer - Title

Signed _____ Print _____ Date ____/____/____

Please provide tax exemption certificate if claiming tax exemption.

Email to receivables@hamlinbc.com when application is complete. You will be notified by letter when your account application review is complete.