

PO Box 200 Lake Norden, SD 57248 605-785-3381 | fax: 605-785-3589 Email: receivables@hamlinbc.com

Account Application

Business name (if applicable)	
Name	Joint Applicant
SSN DOB//	SSN DOB/_/
Phone ()	Phone ()
Mailing address	City
State Zip Code	
 Statement by U.S. Mail Statement by e-mail: Both U.S. Mail and e-mail: 	
Balance due per normal terms due 10 th of each month with interest of 1% starting on the 15 th . If claiming tax exemption provide exemption certificate.	
Expected Credit Limit \$	
Sign me up for online access to my account. I have provided my email address above. Suppliers or creditors who have extended credit to you:	
Suppliers or creditors who r Name	Address
Name	Address
Name	Address
Bank Reference:	
Bank	City State
By signing below, I authorize Hamlin Building Center, Inc. or its representative 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 Signed	Applicant agrees to pay costs and expenses of
Print Date//	
This section to be completed by HBC Sales Team	
Project Name Project Estimate	HBC Salesperson

Hamlin Building Center, Inc. reserves the right to decline or cancel credit at any time.