



OFFICE USE ONLY	
REC'D: ___/___/___	
POST: ___/___/___	
A/C # _____	
BY: _____	

INDIVIDUAL CREDIT APPLICATION

Name: _____
 Phone: () _____ Cell: () _____ Fax: () _____
 Billing Address: _____
 Shipping Address (if different): _____
City State Zip

STORE ACCOUNT: Purchases Are Taxable: Yes No Resale #: _____ State: _____
 Credit Amount Requested: \$ _____

CREDIT CARD ACCOUNT: Name on Card (If Different From Above) _____
 Card Billing Address (If Different From Above) _____
 Card # _____ Exp. Date ___/___/___ C.S. Code # _____
•To assure no interruption of account activity, customer is responsible for updating credit card information regularly.

ABOVE INDIVIDUAL INFORMATION:
 Social Security # ___/___/___ Spouse's Name: _____
 Date of Birth: _____ Social Security # ___/___/___
 Date of Birth: _____

CREDIT REFERENCES:

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Phone: () _____	Phone: () _____	Phone: () _____
Fax: () _____	Fax: () _____	Fax: () _____

Bank Institution Name: _____ Contact: _____
 Phone: () _____ Address: _____ City: _____ State: _____

EMAIL CORRESPONDENCE: (MONTHLY STATEMENTS ARE EMAILED OR FAXED)
 EMAIL ADDRESS: (Please print) _____ None
 Statements Invoices Orders & Estimates

This application is made with the understanding that all Charges will be due and payable in full by the 10th of the month following the date of purchase. Delinquent accounts will be accessed interest at the rate of 1.5% per month (18% per annum) on any charges due at the end of the month following purchases. If credit is granted, the undersigned guarantees payment of all future debts owing to Albeni Falls Building Supply, Inc. In the event of default, applicant agrees to pay all costs, including reasonable attorney's fees incurred in collection of delinquent amounts.

X _____
Authorized Signature Print Name Date

X _____
Authorized Signature Print Name Date

Acct. # _____
Acct. Name: _____



520 Highway 2
Oldtown, ID 83822
(208) 437-3153
(800) 676-3153
FAX: (208) 437-3562

OFFICE USE ONLY
REC'D: ___/___/___
POST: ___/___/___
BY: _____

CHARGE AUTHORIZATION

NAME OF ACCOUNT: _____

I hereby authorize the following people to pick up materials and sign for charge purchases on the above account with Albeni Falls Building Supply, Inc. and agree to pay for all charges so made. It is understood that this authorization is effective until revoked in writing.

- | | | | | | | | |
|-----------|--|--------------------------|--------------------------|------------|--|--------------------------|--------------------------|
| 1.) _____ | <small>Please X
add remove</small> | <input type="checkbox"/> | <input type="checkbox"/> | 7.) _____ | <small>Please X
add remove</small> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.) _____ | | <input type="checkbox"/> | <input type="checkbox"/> | 8.) _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.) _____ | | <input type="checkbox"/> | <input type="checkbox"/> | 9.) _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.) _____ | | <input type="checkbox"/> | <input type="checkbox"/> | 10.) _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.) _____ | | <input type="checkbox"/> | <input type="checkbox"/> | 11.) _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.) _____ | | <input type="checkbox"/> | <input type="checkbox"/> | 12.) _____ | | <input type="checkbox"/> | <input type="checkbox"/> |

SPECIAL INSTRUCTIONS: _____

ADDRESS CHANGES:

EMAIL ADDRESS CHANGES:

SIGNATURE: _____

TITLE: _____ DATE: _____

Acct. # _____
Acct. Name: _____



Your Full Service Home Center

CREDIT TERMS POLICY

Payment of current balance to be *paid in full by the 10th of the month* following the date of purchase.

A 1-1/2% per month finance charge, (18% per annum), begins to accrue on the last day of the month following purchase.

Albeni Falls Building Supply will email or fax statements on the 1st working day after the 25th of each month, if you have a balance due on your account.

Delinquent accounts, 30 days or more past due, will be placed on C.O.D. until the entire balance is paid in full.

A check returned to Albeni Falls Building Supply, for any reason, will be assessed a service charge of \$25.00.

When making payments, please enclose your account number to insure payment is posted to the correct account. Account paid by credit card will be assessed an additional 3% of the amount being paid to cover charges incurred by Albeni Falls Building Supply to process the credit card transaction.

RETURN MERCHANDISE POLICY

No material can be returned without first securing authorization from our Sales Department. Drivers cannot accept merchandise without such authorization.

All merchandise to be returned must be current and in new, salable condition, and purchased within the past 30 days.

There will be no returns accepted on non-stock items including custom milling or special orders.

Stocked inventory items may be returned to our store with no restock charge. There will be a pickup charge plus 15% restock charge for any material we pick up at your location. Please contact the sales department for verification.

All returned items must be identified with an invoice number and date of purchase. The items are subject to inspection and approval for restocking at Albeni Falls Building Supply prior to credit being issued.