



11513 Route 32 5477 Route 23 30 Bailey Street  
Greenville, NY Windham, NY Cossackie, NY  
966-5333 734-3760 731-2737

[www.gnhlumber.com](http://www.gnhlumber.com)

## CREDIT APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

Previous: \_\_\_\_\_ How Long? \_\_\_\_\_  
Address

Type of Account Desired: Personal \_\_\_\_\_ Business \_\_\_\_\_

Bankruptcy in the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

### If Business:

Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Business started: \_\_\_\_\_

Principals: \_\_\_\_\_

Name & Title

Address

Owner of Partners: \_\_\_\_\_

Does company have a certified financial statement? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish with credit application

### If Personal:

Employed by: \_\_\_\_\_

Name

Address

Phone

Income: \$ \_\_\_\_\_ Length of employment: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Single: \_\_\_\_\_ No. Of Dependents: \_\_\_\_\_

Other Income: \_\_\_\_\_ Own Home: \_\_\_\_\_ Rent: \_\_\_\_\_

**Bank references:**

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**Credit & Trade:**

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<b>Name</b>	Type of Account
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**Address/Phone/Fax**

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<b>Name</b>	Type of Account
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**Address/Phone/Fax**

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<b>Name</b>	Type of Account
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**Address/Phone/Fax**

**CREDIT TERMS AND PROCEDURES**

Payments are due upon receipt of statement. A finance charge will be added at the rate of 2% per month (24% APR) on balances not paid within 30 days.

GNH LUMBER INC. reserves the right to put a hold on any account that is 60 days overdue or over the credit limit. If it is over 60 days two times, it will not be re-opened when paid. In the event your account goes beyond 60 days, the following will go into effect:

**75 DAYS:** any account not paid in full or making “agreed upon” satisfactory payments will be turned over to a collection agency, credit bureau and subject to mechanic’s lien.

**OVER 90 DAYS:** Subject to further legal action

Customer is responsible for any court fees, sheriff’s fees, reasonable collection charges and/or attorney fees.

**Drop Deliveries:** You hereby permit and authorize GNH Lumber, Inc (its agents or employees) to make drop deliveries at the delivery site designated in your order without first obtaining the signature of an authorized person. The occasion may arise that you are not on site to sign for said delivery, in such case you waive any defense that you may have in respect to loss of theft of delivered items, unless you can affirmatively prove that the non-delivery of the merchandise was solely due to error, negligence, or theft on the part of GNH Lumber, Inc agents or employees.

I/we have read the above credit terms and fully understand them and do hereby personally guarantee payment in accordance with these terms.

I/we authorize GNH Lumber, Inc. to make whatever credit inquires necessary in connection with this credit application.

**SIGNATURE:** \_\_\_\_\_ **SPOUSE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

If you are a contractor, at the time of placing your order, please indicate customer’s name and job site location so in the event you are not paid we have the location to place a mechanic’s lien on. Just a reminder, you have the option of adding job names to your account to help you in your record keeping. We do ask that at the time of payment, you

indicate which job your payment should be applied to. We also ask that you sign the personal guaranty below in behalf of your company.

Thank you.

**PERSONAL GUARANTY  
FOR BUSINESS AND CONTRACTOR ACCOUNTS**

I, \_\_\_\_\_ hereby personally and unconditionally  
guarantee payment of bills for materials purchased by \_\_\_\_\_  
and supplied by GNH Lumber, Inc., without first requiring GNH Lumber, Inc., to seek  
payments from \_\_\_\_\_.  
(name of business)

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**WITNESSED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

\*Please note that your application will not be processed unless all the blank spaces are filled in completely

Dear customer:

In order to protect both you and GNH Lumber Inc. from having unauthorized persons ordering and/or picking up materials under your name, please fill out this form with the names of those people who are authorized to transact under the name of your account. People other than those listed below may pick up materials only if GNH Lumber Inc. has been notified in advance.

**Print Name:**

**Signature:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Authorized by: \_\_\_\_\_

**Print Name**

**Signature**

Date: \_\_\_\_\_

- **Please alert accounts receivable immediately if any authorization are to be added or removed.**

Please provide us with delivery instructions from our yard to your house or job site. This will enable us to serve you better in the future if you need any deliveries.

Thank you

Contact #:

Address:

Directions:

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