

CONSUMER CREDIT APPLICATION

Instructions: The Applicant must complete Part 1 and sign the Contract To Purchase Form. If the applicant is relying on the assets or income of another person to repay the credit requested, or if another person will be permitted to use the credit or will be contractually liable to repay the credit that person should complete Part 2 and also sign the Contract To Purchase Form.

IVERSON'S LUMBER COMPANY, LLC

1664 N. Milford Road • Highland, Michigan 48357
Phone: (248) 889-4910

PART 1: INFORMATION ABOUT THE APPLICANT (PLEASE PRINT)

DATE:

YOUR NAME				LAST	MIDDLE	FIRST	CREDIT LIMIT REQUESTED		
							\$		
YOUR HOME ADDRESS		NUMBER & STREET		CITY		STATE	ZIP CODE		
HOW MANY YEARS HAVE YOU LIVED HERE?		DO YOU (Check a box)							
		<input type="checkbox"/> OWN YOUR OWN HOME		<input type="checkbox"/> RENT/LEASE		<input type="checkbox"/> LIVE WITH PARENTS		<input type="checkbox"/> OWN YOUR OWN CONDO/CO/OP	
YOUR PREVIOUS ADDRESS (If less than 5 years at present)		NUMBER & STREET		CITY		STATE	ZIP CODE		
HOW MANY YEARS HAVE YOU LIVED THERE?		DO YOU (Check a box)							
		<input type="checkbox"/> OWN YOUR OWN HOME		<input type="checkbox"/> RENT/LEASE		<input type="checkbox"/> LIVE WITH PARENTS		<input type="checkbox"/> OWN YOUR OWN CONDO/CO/OP	
DATE OF BIRTH	SOCIAL SECURITY NUMBER			DRIVERS LICENSE NUMBER			HOME PHONE (Include Area Code)		
NUMBER OF DEPENDENTS		NAME OF NEAREST RELATIVE NOT LIVING WITH YOU				TELEPHONE (Include Area Code)			
MARITAL STATUS (Check A Box)		<input type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> UNMARRIED (Includes Single, Divorced, and Widowed)			

EMPLOYMENT INFORMATION

YOUR EMPLOYER		HOW LONG HAVE YOU WORKED HERE?	YOUR CURRENT POSITION	EMPLOYER'S PHONE NUMBER (Include Area Code)	
YOUR EMPLOYER'S ADDRESS		NUMBER & STREET	CITY	STATE	ZIP CODE
YOUR PREVIOUS EMPLOYER			HOW LONG DID YOU WORK HERE?	PREVIOUS POSITION	

INCOME AND BANK INFORMATION

MONTHLY TAKE HOME INCOME	OTHER MONTHLY INCOME	SOURCE OF OTHER INCOME
\$	\$	
ADDITIONAL YOU DO NOT HAVE TO DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE IF YOU DO NOT WANT THIS INCOME INFORMATION CONSIDERED IN DETERMINING YOUR CREDIT WORTHINESS.		

HAVE YOU EVER OBTAINED CREDIT UNDER ANOTHER NAME?	(Check One)	IF YES, LIST NAME(S)	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CHECKING ACCOUNT NUMBER	INSTITUTION AND BRANCH (Include City and State)		
SAVINGS ACCOUNT NUMBER	INSTITUTION AND BRANCH (Include City and State)		
ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT?	IF YES, FOR WHOM?	BALANCE OWING	MONTHLY PAYMENT
ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU?	IF YES, FOR WHOM?	BALANCE OWING	MONTHLY PAYMENT
HAVE YOU DECLARED BANKRUPTCY IN THE LAST TEN YEARS?	(Check One)		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

PART 2: INFORMATION ABOUT JOINT APPLICANT (PLEASE PRINT)

YOUR NAME		FIRST	MIDDLE	LAST
YOUR HOME ADDRESS		NUMBER & STREET	CITY	STATE ZIP CODE
HOW MANY YEARS HAVE YOU LIVED HERE?	DO YOU (Check a box) <input type="checkbox"/> OWN YOUR OWN HOME <input type="checkbox"/> RENT/LEASE <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OWN YOUR OWN CONDO/CO/OP			
YOUR PREVIOUS ADDRESS (If less than 5 years at present)		NUMBER & STREET	CITY	STATE ZIP CODE
HOW MANY YEARS DID YOU LIVE THERE?	DID YOU (Check a box) <input type="checkbox"/> OWN YOUR OWN HOME <input type="checkbox"/> RENT/LEASE <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OWN YOUR OWN CONDO/CO/OP			
DATE OF BIRTH	SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER	
HOME PHONE (Include Area Code)		THE NAME PHONE IS LISTED UNDER		MOTHER'S MAIDEN NAME
NUMBER OF DEPENDENTS	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		TELEPHONE (Include Area Code)	
MARITAL STATUS (Check A Box) <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Includes Single, Divorced, and Widowed)				

EMPLOYMENT INFORMATION

YOUR EMPLOYER	HOW LONG HAVE YOU WORKED HERE?	YOUR CURRENT POSITION	EMPLOYER'S PHONE UMBER (Include Area Code)
YOUR EMPLOYERS ADDRESS		NUMBER & STREET	CITY STATE ZIP CODE
YOUR PREVIOUS EMPLOYER	HOW LONG DID YOU WORK THERE?	YOUR PREVIOUS POSITION	

INCOME AND BANK INFORMATION

MONTHLY TAKE HOME INCOME	OTHER MONTHLY INCOME	SOURCE OF OTHER INCOME
\$	\$	
ADDITIONAL YOU DO NOT HAVE TO DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE IF YOU DO NOT WANT THIS INCOME INFORMATION: CONSIDERED IN DETERMINING YOUR CREDIT WORTHINESS.		

CHECKING ACCOUNT NUMBER	INSTITUTION AND BRANCH (Include City and State)		
SAVINGS ACCOUNT NUMBER	INSTITUTION AND BRANCH (Include City and State)		
ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT?	IF YES, FOR WHOM?	BALANCE OWING	MONTHLY PAYMENT
ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU?	IF YES, TO WHOM?	BALANCE OWING	MONTHLY PAYMENT
HAVE YOU DECLARED BANKRUPTCY IN THE LAST TEN YEARS? (Check One) ___ YES ___ NO			

CONTRACT TO PURCHASE

_____, "Buyer," agrees to purchase from Iverson's Lumber Company, LLC herein referred to as Seller, on open account. Buyer agrees to the following terms:

1. **TERMS OF PAYMENT:** Buyer agrees to pay in full all charges by the tenth (10) day of the month following the month of purchase. On all amounts more than fifteen (15) days past due, Seller shall be entitled to levy a service charge of 1.5% per month or the maximum service charge allowed to be assessed under the laws of the State of Michigan, whichever is lesser, on all past due amounts. Buyer acknowledges that the service charge represents a time-price differential which constitutes part of the purchase price.
2. Buyer and any other co-applicant agree to pay Seller all costs and expenses, including actual attorney fees, incurred by Seller in collecting amounts due under this Contract of Purchase.
3. **OTHER PROVISIONS:** A Notice of Commencement must be furnished to our office for any new project. By law, if we request this information and do not receive it within 10 days, you could be held responsible for our recovery costs. Subsequently, a Notice of Furnishing will be filed within 20 days of our first shipment of materials. This notice serves to protect our lien rights if a bill is left unpaid. Waivers of lien will be furnished upon full payment.

DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT, OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT. To the best of my knowledge, everything that I (we) have stated in this application is correct. I (WE) understand that you will retain this application whether or not it is approved. I (WE) further authorize you to check my credit and employment history and answer questions about your credit experience with me. BY SIGNING THIS APPLICATION, I (WE) AGREE TO ABIDE BY THE TERMS OF THE CONTRACT TO PURCHASE AND ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT.

Applicants Signature _____

Spouse or Any Other
Co-Applicants Signature _____

Date _____

Date _____

I hereby authorize release to Iverson's Lumber Company, LLC any requested credit information on myself or my business. This information is for the confidential use of Iverson's Lumber Company, LLC in determining my/our credit worthiness. A photographic or Fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed form is maintained by Iverson's Lumber Company, LLC.

Applicant

Co-Applicant