



# Personal Account Application

P.O. Box B  
 Belfast, ME 04915  
 207-338-3480  
 www.vikinglumber.com

Salesperson:		Location:		Date:	
<b>Applicant Information:</b> <input type="checkbox"/> New Account <input type="checkbox"/> Credit Limit Increase					
Name: (Last, First, MI)				Social Security Number:	
Mailing Address:				City	State
Delivery Address:				City	State
Home Phone:		Cell Phone:		Email:	
Current Employer:				Occupation:	
Address:				Salary: (monthly)	
				Length of Employment:	
Credit Limit Requested:			Purpose of Account:      New Construction? Y or N		

Business References:

Name:		Phone:		Contact:	
Address:			State:		Zip:
Name:		Phone:		Contact:	
Address:			State:		Zip:

Bank Reference       Checking     Savings     Loan     Construction Loan

Name:		Phone:		Contact:	
Address:			State:		Zip:

Invoice, Billing & Statement Options : please choose any combination that works for you

Invoices: Email <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Print <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Fax <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Monthly Statements: <input type="checkbox"/> Emailed <input type="checkbox"/> Printed <input type="checkbox"/> Faxed
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### CUSTOMER AGREEMENT

I/We do hereby jointly and severally promise to pay all amounts on this account.

**The undersigned understands that Viking Inc. requires that its statement be paid within thirty (30) days of the end of a billing cycle and that Viking, Inc will follow collection procedures. A Late payment charge of one and one half percent (1 1/2) per month is charged on all invoices not paid within 30days of the end of said billing cycle. Futhermore the undersigned agrees to pay all collection expenses incurred by Viking, Inc.**

I understand that this application has been given for the purpose of obtaining credit. I understand that a credit report may be requested from one or more consumer reporting agencies in connection with application. If I request in writing, I will be informed whether a report was requested and the name and address of the consumer reporting agency that furnished the report. I am further aware that subsequent consumer reports may be requested or utilized in connection with any update, renewal or extension of credit, or if my account should be in arrears for more than thirty days. Viking, Inc is authorized to check my employment history and provide information to others about its credit experience with me.

_____ Signature	_____ Date
_____ Signature	_____ Date

For Office Use	
Customer #:	_____
Limit:	_____
Terms:	_____