



Personal Account Application

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

Salesperson:		Location:		Date:	
Applicant Information: <input type="checkbox"/> New Account <input type="checkbox"/> Credit Limit Increase <input type="checkbox"/> Point of Sale Cash Account (No SSN needed)					
VC 24 Hr Cash Account with credit card on file (needs authorization form)				Social Security Number:	
Name: (First, MI, Last)				Date of Birth	
Mailing Address:				Own/Rent?	
City				State	
Delivery Address:				Zip	
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	Monthly Statements: <input type="checkbox"/> Emailed <input type="checkbox"/> Printed
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Individuals Authorized to Charge to Account

Name:	Name:
Name:	Name:

CUSTOMER AGREEMENT

I/We do hereby jointly and severally promise to pay all amounts on this account. I / We jointly and severally acknowledge that all bills are due and payable within thirty (30) days of the end of the billing cycle, (to wit, the thirtieth of each month). I / We also jointly and severally acknowledge that if the account has a balance over thirty (30) days, a monthly service charge of 1.5% per month (annual rate of 18%) will be computed on overdue balances and will be paid immediately and as charged, along with any fees for collection of our account, including attorney's fees.

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

Customer #:

Limit:

Terms:

For Office Use