

Salesperson:

Signature

Personal Account Application

Location:

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

Date:

Applicant Information: Ne	ew Account	Credit Li	imit Increas	e	Point of S	Sale Cash Acco	ount (No SSN needed)	
				Socia	al Security Nu	mber:		
Name: (First, MI, Last)				Date	of Birth	Own/Rent?		
Mailing Address:				City		State	Zip	
Delivery Address:			City		State	Zip		
Home Phone:		Email:						
Current Employer:			Occupation:					
Address:		Salary: (monthly)			Length of Employment:			
Credit Limit Requested:	Purpose of	ee of Account: New			v Construction? Y or N			
Business References:								
Name:		Phone:	Phone:		Contact:			
Address:	•	State:			Zip:			
Name:	Phone:	e:			Contact:			
Address:		State:		Zip:				
Bank Reference	Checking	Savings Loan Construction Loan						
Name: Phone					Contact:			
Address:	•	State:		Zip:				
Invoice, Billing & Statement Options :	please choose any co	mbination th	nat works f	for you		<u>'</u>		
Invoices: Email Daily Weekly Monthly			Monthly Statement			nts:		
Print	onthly	Emailed _		Emailed	Printed			
Individuals Authorized to Charge to Ac	count							
Name: Name:								
Name:	ne: Name:							
I/We do hereby jointly and severally promise to jof the end of the billing cycle, (to wit, the thirtiet service charge of 1.5% per month (annual rate of account, including attorney's fees.	pay all amounts on this accept of each month). I / We a	also jointly and	intly and sev severally ack	nowledge tl	hat if the account	has a balance ov	ver thirty (30) days, a monthly	
I understand that this application has been given consumer reporting agencies in connection with address of the consumer reporting agency that fur connection with any update, renewal or extension	application. If I request in urnished the report. I am fu n of credit, or if my accoun	writing, I will burther aware that not should be in a	be informed verse to subsequent arrears for me	whether a re	port was requested	d and the name uested or utilize	and d in	
check my employment history and provide information	nation to others about its (credit experienc	se with me.	Custom	er #·	For Office	Use	
				Limit:		-		

Terms:

Date