

McCORMACK BUILDING SUPPLY

8 Lithgow Street – Winslow, ME 04901 (207) 873-6467
www.mccormackbuildingsupply.com

COMMERCIAL CREDIT APPLICATION

APPLICANT INFORMATION

Business Name

Mailing Address – Street, P.O. Box No.

City

State

Zip

Legal Address – Street

City

State

Zip

Business Phone

Cell Phone

Fax

Email Address

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC Year of Incorporation _____

Social Security or Tax I.D.
Number

Please list the names of all Owners, Partners or Principal Officer(s)

Name

Title

Address – Street

City

State

Zip

Social Security #

D.O.B

Phone #

Name

Title

Address – Street

City

State

Zip

Social Security #

D.O.B

Phone #

Applicants Business

Explain

☐ Contractor ☐ Dealer ☐ Other

Indicate Maximum Monthly Credit Wanted

Currently \$ _____

In Future \$ _____

Net Worth \$

Annual Sales \$

No. Employees

Date Business Started

If less than 1 Year, indicate previous employment

Previous Account with McCormack Building Supply? ☐ Yes (Account No.

Date

) ☐ No

Have You, a partner or a principal stockholder been declared bankrupt in the last 14 years?

☐ Yes ☐ No

If yes, who and where?

Year

Sales Tax Exempt (include copy and explain) ☐ No ☐ Yes (Number

)

☐ Resale

☐ Direct Pay

☐ Other

CREDIT REFERENCES

Checking Account
☐ Yes ☐ No

Account Number

Bank & Branch Address

Savings Account
☐ Yes ☐ No

Account Number

Bank & Branch Address

Business Loan
☐ Yes ☐ No

Date

Name & Address of Lender

Construction Loan
☐ Yes ☐ No

Date

Name & Address of Lender

Other Loans
☐ Yes ☐ No

Date

Name & Address of Lender

Are you a co-maker, endorser guarantor on any loan or contract or do you have other obligations?

☐ Yes ☐ No

If yes, explain on separate sheet.

Other Building Materials Suppliers

Name & Address

Other Building Materials Suppliers

Name & Address

APPLICANT'S SIGNATURE IS REQUIRED ON THE FOLLOWING PAGE

McCORMACK BUILDING SUPPLY

8 Lithgow Street – Winslow, ME 04901 (207) 873-6467
www.mccormackbuildingsupply.com

COMMERCIAL CREDIT APPLICATION - CONTINUED

BUSINESS NAME

INDIVIDUALS AUTHORIZED TO CHARGE TO THIS ACCOUNT

Name	Name
Name	Name
Name	Name

INVOICE, BILLING & STATEMENT OPTIONS

(Please choose any combination that works for you)

Invoices	Emailed <input type="checkbox"/> Daily <input type="checkbox"/> Monthly	Monthly Statements	<input type="checkbox"/> Emailed <input type="checkbox"/> Printed
	Print <input type="checkbox"/> Daily <input type="checkbox"/> Monthly		

CUSTOMER AGREEMENT

TERMS OF PAYMENT – All accounts are to be paid in full by the 10th of the month following date of billing. **Accounts not paid within 30 days from the date of billing will be assessed a LATE CHARGE of 1 ½% per month (18% ANNUAL RATE).** In case of default on payment the purchaser agrees to pay all collection costs including reasonable attorney's fees. McCormack Building Supply reserves the right to close, limit, or suspend account privileges at any time. A job name is to be given and destination of all materials is to be shown on all sales slips.

NOTICE TO APPLICANT(S), Do not sign this form until you have read it and the TERMS OF PAYMENT printed above.

Everything that is stated in this application is correct to the best of my knowledge. It is understood that you will retain this application whether or not it is approved. You are authorized to check the applicant's credit history and to answer any questions about its credit experience with the applicant. I authorize any of the above references given to release information pertaining to my accounts with them and to answer any questions about their credit experience with me. If credit is extended, you are authorized to contact our customers if our account with you becomes delinquent.

Name of Applicant _____

Signature X _____ Title _____ Date _____

Signature X _____ Title _____ Date _____

For Office Use

Customer #: _____

Limit: _____

Terms: _____

McCORMACK

BUILDING SUPPLY

8 Lithgow Street – Winslow, ME 04901 (207) 873-6467
www.mccormackbuildingsupply.com

PERSONAL GUARANTEE

In consideration of McCormack Building Supply, Inc. maintaining a charge account for you, please read the following and complete this application as required. Each of the undersigned parties **PERSONALLY** and **UNCONDITIONALLY** guarantees the payment, in accordance with McCormack Building Supply's payment terms, of all materials and services ordered by our firm or by any of the undersigned parties or any persons so authorized to purchase on this account. In the event that an attorney and/or collection agency is retained to collect any part of the balance due McCormack Building Supply may charge the buyer reasonable attorney and/or collection agency fees.

Each of the undersigned parties is a stockholder and/or officer of:

Name of Business

Address of Business

This guarantee shall be an absolute, continuing and unlimited guarantee of payment and McCormack Building Supply, Inc. shall not be required to take any proceedings against our firm before demanding payment from the undersigned parties.

ALL PRINCIPALS ARE REQUIRED TO SIGN GUARANTEE STATEMENT BEFORE ACCOUNTS ARE APPROVED FOR A LINE OF CREDIT. (TITLES NOT ALLOWED)

X _____ SIGNATURE	_____ PRINTED NAME	_____ DATE
X _____ SIGNATURE	_____ PRINTED NAME	_____ DATE
X _____ SIGNATURE	_____ PRINTED NAME	_____ DATE