

McCORMACK

BUILDING SUPPLY

Please fill application out completely, and clearly.

- ☐ Individual Account
☐ Joint Account with Co-Applicant

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

CREDIT APPLICATION

Last Name (Please Print)		First Name		(Initial)	Date of Birth	Social Security Number
Home Address (Street)		(City)	(State)	(Zip)	Home Phone	
Mailing Address (Street)		(City)	(State)	(Zip)	Monthly Credit Requested \$	
Nearest Relative Not Living With Me		Relative's Address			Relationship	
My Living Facilities Are <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Live With Relatives		My Property is in <input type="checkbox"/> My Name Only <input type="checkbox"/> Joint		Name and Address of My Landlord or Mortgage Holder is		
I Am Employed By (Company)		(City)	(State)	My Position is	Years There	Monthly Take Home Pay \$
Previously Employed By (Company)		(City)	(State)	Years There	Drivers License No.	
Other Income: payments need not be revealed, if you don't want us to consider it in evaluating your application.	Income from alimony, child support or separate maintenance		Source		Amount	Other Monthly Income \$

If you are applying for a joint account this Section should be completed.						
Last Name		First	Address (Street)		(City)	(State) (Zip)
Present Employer (Company)		(City)	(State)	Position	Years There	Monthly Take Home Pay \$
Previously Employed By (Company)		(City)	(State)	Years There	Social Security Number	
Other Income: payments need not be revealed, if you don't want us to consider it in evaluating your application.	Income from alimony, child support or separate maintenance		Source		Amount	Date of Birth _____ Other Monthly Income \$

PURPOSE OF ACCOUNT (Used to establish initial monthly line of credit)		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Renovations	<input type="checkbox"/> Other _____ (Explain)
<input type="checkbox"/> House	<input type="checkbox"/> Garage	<input type="checkbox"/> Home Maintenance
For New Construction or Renovations		Name of Funding Institution
Financing <input type="checkbox"/> Bank <input type="checkbox"/> Personal	Name of Loan Officer	
Location of Property	Address	Amount Available

CREDIT REFERENCES (Insert S where applies to Spouse)		
Checking Account	Number	Bank & Branch Address
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account	Number	Bank & Branch Address
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loan Account	Number	Bank & Branch Address
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Financial Accounts e.g., Stocks, Bonds, Mutual Funds, IRA's or CD's		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:		
Are you a co-maker, endorser or guarantor of any loan or contract?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on separate sheet		
Have you been declared bankrupt in the last 14 years?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? Year		

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 1/2% per month (18% ANNUAL RATE)**. A delinquent account will cause credit to be suspended. The destination of all materials purchased 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 I (we) have stated in this application is correct, to the best of my (our) knowledge. I (we) understand that you will retain this application whether or not it is approved. You are authorized to check my (our) credit and employment history and to answer any questions about your credit experience with me (us). If credit is extended as a result of this application, I (we) agree to make payment in full by the 10th of the month following date of billing.

Signature of 1st Applicant

Other Signature if Joint Account
(Sign only if contractually liable upon this account)

Date