



**NELSON - YOUNG  
LUMBER COMPANY**

**Edgerton**  
11 S. Catlin  
Edgerton, WI  
53534  
(608) 884-3316

**Evansville**  
206 E. Main St  
Evansville, WI  
53536  
(608) 884-4960

**Deerfield**  
209 N. Main St  
Deerfield, WI  
53536  
(608) 764-8608

**Nelson Truss**  
104 Artisan Dr  
Edgerton, WI  
53534  
(608) 884-6141

CREDIT APPLICATION - INDIVIDUAL ACCOUNT

To obtain credit from Nelson-Young Lumber Company, customer agrees to the terms and conditions as stated and amended by Nelson-Young Lumber Company from time to time. Customer authorizes release of any information pertaining to customer's financial condition from any third parties which may verify representations and statements below.

**PERSONAL INFORMATION**

Full Name		Phone #		Social Security Number	
Mailing Address			Project Address		
City		State	City		State
Zip Code + 4 Digits	County		Zip Code + 4 Digits	County	
Type of Project (Select one)	New Home	Addition	Major Remodel	Other	

Electronic Invoice Delivery | Please provide an email address for delivery of invoices and statements.

**BANKING / FINANCE INFORMATION**

Bank Name & Address			Account Number		
Bank Officer	Email address		Phone	Fax	
Type of Accounts (Select one)	Checking		Savings	Loans	
Are you Obtaining a Construction Loan?	Yes	No	Have You Closed on Your Loan?	Yes	No

TERMS OF SALE AND CREDIT POLICY

Payment is due in full by the 10<sup>th</sup> of each month. Charge cards are NOT an acceptable form of payment. Service charges of 1.5% per month will be applied to overdue balances. Collection costs including attorney's fees are the responsibility of the customer. This obligation is incurred in the interest of the applicant's marriage and family.

<b>SIGNED BY:</b>		<b>DATE:</b>	
<b>SIGNED BY:</b>		<b>DATE:</b>	

**MUST BE SIGNED BY ALL OWNERS/OFFICERS OF THE COMPANY**

**Return the completed Credit Application by fax to (608) 884-8027 or email to rmacnaughton@nylumber.com**



**BANKING / FINANCING REFERENCE**

TO:


RE:


The above customer has listed you as a credit reference on their application for credit with us. It will be appreciated if you will promptly complete the information below and return it by fax to 608-884-8027. All information will be held in strict confidence. Thank you for your assistance. We would be glad to reciprocate at any time.

**BANKS:**

**Deposits:** Accounts opened: \_\_\_\_\_ Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_

Times Overdrawn (prior 12mos): \_\_\_\_\_

**Loans:** Dated: \_\_\_\_\_ Amount: \_\_\_\_\_ Owing: \_\_\_\_\_ Type: \_\_\_\_\_  
Secured: \_\_\_\_\_

**Line of Credit:** Total Highest Past Credit: \_\_\_\_\_ Available Credit Line: \_\_\_\_\_  
Payment History: \_\_\_\_\_ Past: 10 \_\_\_\_\_ 30 \_\_\_\_\_ 60+ \_\_\_\_\_

**Relationship With Bank:** Excellent: \_\_\_ Satisfactory: \_\_\_ Unsatisfactory: \_\_\_

**Comments:**

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\_\_\_\_ If not a current customer or if you have had no experience within a year, please check and return.

I authorize the release of the information above about my account:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax completed Credit Reference to 608-884-8027**