

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 Pl			Phone #			Social Security Number			
Mailing Address				Project Address					
City		State	2	City			State		
Zip Code + 4 Digits	County	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		SS		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
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TERMS OF SALE AND CREDIT POLICY

Payment is due in full by the 10th of each month. Charge cards are <u>NOT</u> an acceptable form of payment. Service charges of 1.5% per month will be applied to overdue balances.

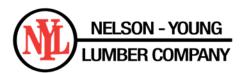
Collection costs including attorney's fees are the responsibility of the customer.

This obligation is incurred in the interest of the applicant's marriage and family.

SIGNED BY:	DATE:	
SIGNED BY:	DATE:	

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 the you will promptly complete the information below and return strict confidence. Thank you for your assistance. We would be	it by fax to 608-884-8027. All information will be held in
BANKS:	
Deposits: Accounts opened: Type o	f Account: Balance:
Times Overdrawn (prior 12mos):	
Loans: Dated: Amount: O	wing: Type:
Secured:	
Line of Credit: Total Highest Past Credit:	Available Credit Line:
Payment History: Past: 10 Past: 10	
Relationship With Bank: Excellent: Satisfactor	
Comments:	
If not a current customer or if you have had no e	xperience within a year, please check and return.
I authorize the release of the info	rmation above about my account:
Signed:	Date:

Please fax completed Credit Reference to 608-884-8027