

P F C L O CREDIT LIMIT ACCOUNT # DATE OPENED APPROVED

Falmouth Lumber, Inc.

670 Teaticket Highway
East Falmouth, MA 02536

PERSONAL

Telephone 508-548-6868
Fax 508-457-0649

CONFIDENTIAL CREDIT APPLICATION

PRINT NAME _____ PHONE# _____
 Soc. Sec.# _____
 Mail Address _____ City _____ State _____ Zip _____
 Residential Address _____ City _____ State _____ Zip _____
 Age _____ Marital Status _____ Name of Spouse _____ No. of Dependents _____
 How long at present address? _____ Own _____ Rent _____ Monthly Payment _____
 Former address if less than 2 years _____
 Reason for Credit Line – New Home _____ Addition _____ Remodeling _____ Maintenance _____ Other _____
 Employer _____
 Address _____ City _____ State _____ Zip _____
 How long? _____ Occupation _____ Weekly Earnings _____
 Name of your Bank – Checking _____
 Name of your Bank – Savings _____
 Explain other income if any _____

IN CONSIDERATION OF FALMOUTH LUMBER, INC. GRANTING CREDIT TO THE APPLICANT, THE APPLICANT AND SPOUSE HEREBY AGREES THAT SAID CREDIT WILL BE GRANTED ON THE FOLLOWING TERMS AND CONDITIONS:

1. ALL ACCOUNTS ARE DUE AND PAYABLE UPON RECEIPT OF THE MONTHLY STATEMENT. ALL ACCOUNTS ARE CONSIDERED PAST DUE AND SUBJECT TO BE CLOSED IF PAYMENT IS NOT MADE WITHIN 30 DAYS OF STATEMENT DATE.
2. A FINANCE CHARGE, COMPUTED AT A "PERIODIC RATE" OF ONE AND ONE-HALF PER-CENT, PER MONTH WHICH IS AN ANNUAL RATE OF 18%, WILL BE ADDED TO ALL PAST DUE ACCOUNTS.
3. IN THE EVENT IT BECOMES NECESSARY TO PLACE A PAST DUE ACCOUNT FOR COLLECTION, THE APPLICANT ACKNOWLEDGES THAT THIS IS A COMMERCIAL ACCOUNT. APPLICANT FURTHER UNDERSTANDS THAT IT IS COMMON FOR ATTORNEYS AND COLLECTION AGENTS TO CHARGE CONTINGENT FEES FOR THE COLLECTION OF AMOUNTS OWED BY CUSTOMERS, AND THAT THE STANDARD COLLECTION FEE IS ONE THIRD OF THE DEBT. IF WE, IN OUR SOLE DISCRETION, PLACE THIS ACCOUNT WITH A COLLECTION AGENT OR ATTORNEY, THE APPLICANT/CUSTOMER AGREES TO PAY ALL COSTS OF COLLECTION, INCLUDING COLLECTION/ATTORNEY FEES IN AN AMOUNT OF ONE THIRD OF THE AMOUNT OF THE OUTSTANDING DEBT.

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE OF SPOUSE _____

Please list any person that will be authorized by you to make purchases on this account.

List below the names, address and telephone numbers of active accounts with which you have credit dealings. Local business references if possible.

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____