

COMPANY USE
 SALESMAN:
 LIMIT:
 DATE OPENED:
 ACCOUNT NUMBER:

JOHN E. QUARLES COMPANY
PO BOX 11617
FORT WORTH, TX 76110
 PH: 817-926-1761 / FAX: 817-921-2355 / www.quarleslumber.com

CREDIT APPLICATION

NAME OF BUSINESS					
STREET ADDRESS		CITY	STATE	ZIP	
MAILING ADDRESS		CITY	STATE	ZIP	
PHONE		FAX	E-MAIL		
ACCOUNTS PAYABLE CONTACT				PH	
P.O. REQUIRED	HOW WOULD YOU LIKE TO RECEIVE INVOICE COPIES?		FAX	EMAIL	MAIL
DATE STARTED					
OTHER DBA LAST 5 YEARS					
HAVE YOU FILED FOR BANKRUPTCY IN THE LAST 5 YEARS?					
Y		N			
BUSINESS TYPE: CORPORATION		PARTNERSHIP	INDIVIDUAL	OTHER	
FEDERAL TAX ID #			BUILDER REG #		
PRIMARY NATURE OF BUSINESS:					
NAMES OF OWNERS AND OFFICERS					
NAME		ADDRESS		PHONE	
PRIMARY BANK / INTERIM	ADDRESS	PHONE	FAX/EMAIL	BANK OFFICER	
BANK ACCOUNT #					
TRADE CREDIT REFERENCES. PLEASE INCLUDE LUMBER AND WINDOW SUPPLIERS IF APPLICABLE.					
NAME	ADDRESS	PHONE	FAX/EMAIL		
NAME	ADDRESS	PHONE	FAX/EMAIL		
NAME	ADDRESS	PHONE	FAX/EMAIL		
NAME	ADDRESS	PHONE	FAX/EMAIL		

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I/We hereby certify the information provided on page 1 of 2 of this application, given for the purpose of obtaining credit, is true and correct, and I/We authorize you to obtain such information as you may require concerning this application, and agree that it remain our property whether or not credit is granted. All accounts are due and payable in full on or before the 10th of the month following the date of purchase.

I/We agree to pay fees and costs associated with collecting on a past due account, including but not limited to reasonable attorney's fees, court costs, finance charges, fees associated with filing liens and interest of 1.0% per month on all past due accounts.

I/We certify the forgoing to be true to the best of our/my knowledge and agree to the above terms.

Dated

Signature of Applicant Title

Name

Signature of Applicant Title

Name

I/We personally guarantee payment to John E. Quarles Company of all outstanding account balances owed by the above applicant.

Signature Date