



ASTORIA BUILDERS SUPPLY CO.
 (503) 325-3611 • FAX (503) 325-4727
 1777 MARINE DRIVE • ASTORIA, OR 97103

GEARHART BUILDERS SUPPLY CO.
 (503) 738-3366 • FAX (503) 738-8909
 4320 HWY. 101 N. • GEARHART, OR 97138

ACE Hardware
 "Ace is the Place with the Helpful Hardware Folks"

CONSUMER CREDIT APPLICATION

SECTION A — INFORMATION ABOUT APPLICANT

DATE _____, 20____

MR. NAME _____
FIRST MIDDLE LAST
 MRS. STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 MISS MAILING ADDRESS (if different) _____ CITY _____ STATE _____ ZIP _____

Credit Limit Requested:

\$ _____

HOME PHONE _____ BUSINESS PHONE _____

TYPE OF PROJECT: NEW CONSTRUCTION REMODEL OTHER _____

PROJECT ADDRESS: _____

FINANCING SOURCE: CASH REFINANCE BANK LOAN OTHER _____

FINANCING INFORMATION: BANK/LENDER _____

BANK/LENDER ADDRESS _____

CONTACT _____ PHONE _____

HOW LONG AT PRESENT ADDRESS? _____ RENT FROM BUYING FROM _____

LANDLORD/MORTGAGEE ADDRESS _____ HOW LONG? _____

PREVIOUS ADDRESS _____ HOW LONG? _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

EMPLOYMENT RECORD

PRESENT EMPLOYER _____ CITY _____ STATE _____

DEPARTMENT _____ SUPERVISOR _____ PHONE _____

HOW LONG? _____ EARNINGS \$ _____ WEEKLY MONTHLY

FORMER EMPLOYER _____ CITY _____ STATE _____

HOW LONG? _____ EARNINGS \$ _____ WEEKLY MONTHLY

OTHER INCOME \$ _____ SOURCE OF OTHER INCOME _____

OTHER INCOME \$ _____ SOURCE OF OTHER INCOME _____

SECTION B — INFORMATION ABOUT JOINT APPLICANT OR OTHER PARTY

NAME _____ RELATIONSHIP TO APPLICANT _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

PRESENT EMPLOYER _____ PHONE _____

HOW LONG? _____ EARNINGS \$ _____ WEEKLY MONTHLY STATE _____

FORMER EMPLOYER _____ CITY _____

HOW LONG? _____ EARNINGS \$ _____ WEEKLY MONTHLY

Please complete and sign other side of this application.

SECTION C — CREDIT REFERENCES

COMPANY NAME	ACCT NAME	ACCT #	BALANCE	PYMT AMT	HOW PAID
AUTO LOAN:					
OTHER CREDIT REFERENCE:					
OTHER CREDIT REFERENCE:					
OTHER CREDIT REFERENCE:					
OTHER CREDIT REFERENCE:					

NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATION _____

COMPLETE ADDRESS _____

DAYTIME PHONE _____ EVENING PHONE _____

ACCOUNT RESPONSIBILITY

NAME(S) OF PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT:

NOTE: Charges will be accepted only from the above-listed persons. Any change in authorized agents must be submitted in writing.

All accounts close on the 26th of each month and balances are due by the 10th of the following month. **OUR CREDIT TERMS DO NOT OFFER A MINIMUM MONTHLY PAYMENT, ALL ACCOUNT BALANCES ARE DUE IN FULL EACH MONTH.** All delinquent accounts are subject to a credit hold. Account balances that are not paid in full within our terms will be assessed a 2% monthly service charge (24% annual).

If Seller places this account in the hands of an attorney for collection, the attorney's fees incurred by Seller, plus reasonable costs shall be added to and become a part of the unpaid balance owing as of the date such expenses are paid by Seller. If either party institutes suit or action to enforce this agreement, the prevailing party shall be entitled to recover from the other party all costs and disbursements incurred, plus such sum as the court may adjudge reasonable for attorney's fees at trial and on any appeal.

I/we certify that the above information is true and correct and I/we agree to pay this account in accordance with your credit terms. I/we agree to pay for all charges incurred by those authorized to charge on this account and agree that any additions or deletions will be made in writing. I/we authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency.

If no authorized agents are listed, then I personally guarantee all individuals who use this account.

Signature of Applicant _____ DATE _____

PLEASE PRINT NAME: _____

Signature of Co-Applicant _____ DATE _____

PLEASE PRINT NAME: _____

FOR OFFICE USE ONLY:

ACCOUNT #	CREDIT LIMIT \$
TERMS	
DATE RECEIVED	APPROVED BY
	DATE APPROVED