

Office phone # : 212-695-3393

Sales phone #: 718-937-6300

Please Email completed credit application to: TPOTTERS@CITYLUMBER.NET

## **CREDIT APPLICATION**

| Legal Business Name   |   | Trade Name-DBA         |             |           | Phone:      |              |  |
|---|---|------------------------|-------------|-----------|-------------|--------------|--|
|   |   |                        |             |           | Email:      |              |  |
| Billing Address   |   | City                   |             |           | State       | Zip Code     |  |
|   |   |                        |             |           |             |              |  |
| Business Is a:  | $\Box$ Corporation  | $\Box_{ m LLC}$        | $\Box$ Part | nership   | □Pro        | oprietorship |  |
| Year Started  | State of Inc Federal I.D.#:                                 |                        |             |           |             |              |  |
|   | Dun & Bradstreet #  |                        |             |           |             |              |  |
| Ara Vau a   | □ Sala proprieta  | rahin 🗆 Corne          | ration      | □ Dortnor | ahin        | _            |  |
|   | ☐ Sole proprietorship ☐ Corporation ☐ Partnership           |                        |             |           |             |              |  |
| City:   | ame: Address  |                        |             |           |             |              |  |
| City: State: Zip: Do you require a purchase order# before we accept an order? |   |                        |             |           |             |              |  |
|   |   |                        |             |           |             |              |  |
|   | A/P Email<br>Estimated Monthly Purchases. \$                |                        |             |           |             |              |  |
|   | □ COD □ Credit Card □ Net terms − Credit Limit Requested \$ |                        |             |           |             |              |  |
|   |   |                        |             |           |             |              |  |
| Check one:  | ☐ Principal   | □ Partner □ Proprietor |             |           |             |              |  |
| Name:   | Social Security#  |                        |             |           |             |              |  |
| Home Address:   |   |                        | City:       |           |             | State: Zip:  |  |
| Home Phone:   | City:<br>Mobile #   |                        |             |           | Email       |              |  |
|   |   |                        |             |           |             |              |  |
| <b>Bank References</b>  |   |                        |             |           |             |              |  |
| Name  |   | Contact Name           |             |           | Phone No    |              |  |
| Street Address  |   | City, State, zip Code  |             |           | Date Opened |              |  |
| Type of Account   | Checking No   | Saving No_             |             | No        | Loan No     |              |  |

## **Trade References (Major Supplies)**

| 1. Name   | Contact Name   | Phone No.   |  |  |
|---|--|---|--|--|
| Street Address  | City, State, Zip Code  | Account No.   |  |  |
| 2. Name   | Contact Name   | Phone No.   |  |  |
| Street address  | City, State, Zip Code  | Account No.   |  |  |
| 3. Name   | Contact Name   | Phone No.   |  |  |
| Street Address  | City, State, Zip Code  | Account No.   |  |  |
| Application and any attachment is true, cor<br>the Applicant from credit reporting agencies | entative with authority to enter into this agreement and complete. You consent to Vendor obtasts and other sources Vendor deems appropriate the terms and conditions on Vendor's invoices and conditions on Vendor's and conditions on Vendor | aining information about you personally and in considering this Application. If credit is |  |  |
| Signature   | Date Title   |   |  |  |