

BURKE/GREGORY BUILDING CENTER

Individual Confidential Credit Application

Name _____

Mailing Address _____

City/State/Zip Code _____

Phone _____ **Cell** _____

Please provide an e-mail address to receive your invoices _____

Bank Name, Phone Number & Contact Person

Business References – please include address & phone number

1) _____

2) _____

3) _____

Credit Amount Requested _____

The above information is being submitted for the purpose of allowing Burke/Gregory Building Center to assess credit solely for business purposes of the applicant. The applicant represents and warrants that the information herein contained or submitted in connection herewith, is true and complete as of the date signed. The applicant authorizes Burke/Gregory Building Center to contact and investigate the references, including the banks listed above and hereby authorizes the references to release the requested information.

The applicant agrees to remit payment within the terms specified on the face of each invoice. If payment is not received when due, the applicant also agrees to pay a monthly service charge equal to one and one-half percent (1-1/2%) or the maximum amount allowable under state law (\$3.00 minimum), of the unpaid delinquent balance until the account is paid in full. If the account is placed for collection, the applicant agrees to pay all costs and expenses of collection, including reasonable attorney's fees and expenses.

_____/_____ / _____
Signature **Print Name**

Date

Please FAX completed application to Gregory Building Center at 605.835.9593