



GALEHOUSE LUMBER COMPANY., P.O. BOX 267, DOYLESTOWN, OH 44230
PHONE: 330-658-2023 • FAX: 330-658-6977

BUSINESS/COMMERCIAL/INDIVIDUAL THIRTY-DAY CREDIT APPLICATION
TO AVOID DELAYS IN PROCESSING, COMPLETE THE APPLICATION IN FULL

SALES PERSON _____

TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION INDIVIDUAL ACCOUNT

NAME OF BUSINESS (OR INDIVIDUAL): _____

BUSINESS (OR INDIVIDUAL) ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NO. _____ SS# OR FED ID# _____

NUMBER OF YEARS BUSINESS HAS BEEN IN EXISTENCE: _____ DRIVER'S LICENSE NO. _____

PRINCIPAL(S) INFORMATION IF DIFFERENT THAN ABOVE

1. Name:	First	Middle	Last	Social Security No.	Phone
Street	P.O. Box	City	State	Zip	Years

Address: _____
 Previous Address if less than 5 years at above Address _____

2. Name:	First	Middle	Last	Social Security No.	Phone
Street	P.O. Box	City	State	Zip	Years

Address: _____
 Previous Address if less than 5 years at above Address _____

BANK REFERENCES: (2) COMPLETE ALL INFORMATION

1.	Bank	Address	City	State	Zip	Account in the Name of
	Checking Account No.	Savings Account No.	Loan Account No.			

2.	Bank	Address	City	State	Zip	Account in the Name of
	Checking Account No.	Savings Account No.	Loan Account No.			

TRADE REFERENCES: (3) * INCLUDE A LUMBER COMPANY, IF POSSIBLE*****

1.	Name	Address	City	State	Zip	Phone No.	Fax No.
2.	_____						
3.	_____						

IF NEW CONSTRUCTION, BANK LOAN APPROVED AT _____

LOAN OFFICER _____ PHONE _____ AMOUNT OF LOAN _____

JOB ADDRESS: _____ LOT # _____ SUBDIVISION _____

AMOUNT OF CREDIT DESIRED \$ _____ ***MUST BE FILLED IN***

THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT-WORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW.

My (our) signature means that I (we) have read and agree to the terms of the 30-Day Agreement on the reverse side, and that I (we) acknowledge receipt of a signed copy of this Agreement. I (we) also authorize any of the references listed on this application, to release credit information to Galehouse Lumber Company.

Applicant Signature _____ Date _____
 Name (Please Print) _____
 Title/Position _____

Applicant Signature _____ Date _____
 Name (Please Print) _____
 Title/Position _____

PERSONAL LIABILITY: (FOR CORPORATE APPLICANTS ONLY) *SIGNATURE REQUIRED FOR CORPORATE APPLICATIONS*****

I (we), the undersigned, being shareholders and/or officers of the corporate applicant above, do hereby jointly and severally agree to pay for any goods and services sold or delivered to said corporation. It is understood and agreed that I (we) may, by giving written notice to Galehouse Lumber Company, cancel my (our) personal liability, such cancellation effective for purchases made more than ten (10) days following receipt of such notice by Galehouse Lumber Company.

Name _____ Date _____

Name _____ Date _____