

WESTERN MAINE SUPPLY CO., INC.
P.O. BOX 69 * 33 CROSS ST. * BETHEL, ME 04217
PHONE: 207-824-2139 * FAX: 207-824-3554
www.westernmainesupply.com

APPLICATION FOR CONSUMER CREDIT

Date _____

Full Name _____ Phone# _____

Mailing Address _____

City _____ State _____ Zip Code _____

Street Address / Delivery Address _____

We use Experian Credit Services to run a credit profile on the applicant and, therefore, need the following information:

Social Security # _____ Date of Birth _____

Phone # _____ Fax # _____

Current Employer _____ Position _____

Employer's Address _____ Phone # _____

Joint Applicant's Name _____ **Social Security #** _____

Address _____

Phone _____ Date of Birth _____

Would you like to sign up for internet access to your account? _____

Do you also need paper copies? _____

E-Mail Address _____

Please list additional people authorized to use your account. You are responsible for keeping this list up-to-date with our Accounting Dept.

List three businesses that you have established a credit history with. Do not include public utilities, credit card companies or personal references. Examples include: home heating oil delivery companies, Sears, J.C. Penny, etc.

Company _____ Acct# _____

City _____ State _____ Phone# _____

Company _____ Acct# _____

City _____ State _____ Phone# _____

Company _____ Acct# _____

City _____ State _____ Phone# _____

Payment Methods: Cash, Check or Money Order.

ALL PAYMENTS ARE DUE BY THE 10TH OF THE MONTH

Disclaimer:

I (We) understand that our account is due and payable on the 10th of the month following invoicing. Further, if this authorization is issued on behalf of a corporation, the undersigned, in consideration of your granting credit to it, personally and individually, hereby guarantees complete and due performance of it's obligations and agree to pay all amounts due to you in the event of default. We agree to pay our account promptly or to pay interest on the past due amount, at 18% per annum or 1.5% per month, commencing when the past due amount exceeds 30 days. In the event of default, we agree to be responsible for all legal and collection costs, regardless of the amount.

I (WE) WILL PAY OUR ACCOUNT BY THE 10TH OR IN 30 DAYS, UNLESS OTHER DEFINITE ARRANGEMENTS HAVE BEEN MADE AND SO STATED THERON.

SIGNED _____ **Date** _____

Please allow 5-7 business days for this application to be reviewed and processed. You will receive a letter by mail, or an e-mail confirmation, regarding the status and terms or your account. Or, you may call the Accounting Department at 207-824-2139.