



P.O. Box 398
 12 14th Avenue South
 Nampa, Idaho 83653
 466-2434 888-4444
 Fax: 208-467-2517

Consumer Credit Application

DATE _____

PLEASE COMPLETE, SIGN THE REVERSE SIDE AND RETURN

LAST NAME		FIRST	INITIAL	SPOUSE'S NAME	
STREET ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
BIRTH DATE	SOCIAL SECURITY NO.		RES. PHONE	WORK PHONE	
HOW LONG AT PRESENT ADDRESS?		RENTS FROM <input type="checkbox"/> BUYING FROM <input type="checkbox"/>		LANDLORD	
1ST PREVIOUS ADDRESS				HOW LONG?	
2ND PREVIOUS ADDRESS				HOW LONG?	

EMPLOYMENT HISTORY					
PRESENT EMPLOYER			DEPT.	SUPERVISOR	
HOW LONG?	EARNINGS	<input type="checkbox"/> WK <input type="checkbox"/> MO	OTHER INCOME?	SOURCE	
1ST FORMER EMPLOYER		HOW LONG?	EARNINGS?	<input type="checkbox"/> WK <input type="checkbox"/> MO	
2ND FORMER EMPLOYER		HOW LONG?	EARNINGS?	<input type="checkbox"/> WK <input type="checkbox"/> MO	

CREDIT REFERENCES			
BANK	BRANCH	CHECKING ACCOUNT NO.	OFFICER
PAYMENT ON AUTO TO:	ACCOUNT NO.	BALANCE	AMOUNT OF PAYMENT
BANK CARD			
OTHER CREDIT REFERENCE			
OTHER CREDIT REFERENCE			
OTHER CREDIT REFERENCE			

JOINT APPLICANT OR OTHER PARTY INFORMATION			
NAME	RELATIONSHIP	SOCIAL SECURITY NO.	BIRTHDATE
PRESENT EMPLOYER	HOW LONG?	EARNINGS?	<input type="checkbox"/> WK <input type="checkbox"/> MO
FORMER EMPLOYER	HOW LONG?	EARNINGS?	<input type="checkbox"/> WK <input type="checkbox"/> MO

Amount of credit anticipated _____
 Names of those authorized to purchase, sign for, and receive materials on this account:

MESSAGE LINE: _____

NOTES: _____

OFFICE USE ONLY			
Apr. <input type="checkbox"/> Limit	Terms Code _____	Acct. # _____	Salesman _____
Decl. <input type="checkbox"/> Code	Price Code _____	By _____	Date _____

Purchase Agreement on Reverse Side must be signed before an account can be opened.

PURCHASE AGREEMENT

I (We) promise to pay my (our) account in full within 30 days after your statement is received, or as specified in terms and conditions of a separate written contract. If, however, this account is not paid as agreed, a delinquency charge shall accrue on the amount of this account unpaid after 30 days from the date of statement, as follows: the delinquency charge shall be computed at the rate of 18% per annum on the unpaid balance. A minimum of \$1.00 finance charge per month shall be charged. I (We) agree to pay, in addition to the foregoing, reasonable attorney fees incurred in connection with the collection of this account, or, if this account is placed in the hands of a collection agency, I (We) then agree to pay you, as liquidated damages, an amount equal to the amount charged you on said collection by such collection agency, not exceeding, however, 50% of the amount unpaid thereon, together with such reasonable attorney fees as may be incurred in connection with the collection.

In addition, for value received, each and every person who signs this agreement or becomes liable thereon hereby waives presentment, demand, protest, and notice of nonpayment hereof and binds himself as principal and not as surety and agrees to remain liable notwithstanding any time extension that may be made on the indebtedness. At the option of Lloyd Lumber Co. Inc., the venue of any suit brought to collect this account may be had in Canyon County, Idaho.

You are hereby authorized to contact any or all of the above references regarding our credit standing. I understand the above-stated credit terms and policy as stated and agreed to.

Applicant Signature _____

Co-Applicant Signature _____