



GBS Building Supply - US LBM, LLC
PERSONAL HOME CREDIT APPLICATION

RETURN COMPLETED APPLICATION TO: KIM MARTIN CREDIT DEPARTMENT kmartin@gbsbuilding.com		P.O. BOX 159 MAULDIN, SC 29662 864.288.6754 OR 864.675.5983 (FAX)	
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INTERNAL USE ONLY	
SALES REP _____	_____
CUST. # _____	_____
DATE _____	_____

SECTION 1 - APPLICANT	LEGAL NAME(S) OF INDIVIDUAL(S). HEREINAFTER REFERRED TO AS APPLICANT		MOBILE PH:	HOME PH:	
	MAILING ADDRESS		CITY	STATE	ZIP CODE
	PHYSICAL ADDRESS		CITY	STATE	ZIP CODE
	APPLICANT INFORMATION				
	NAME: _____				
	EMPLOYER: _____ PHONE: _____ HOW LONG: _____ MONTHLY INCOME: _____				
SPOUSE INFORMATION					
NAME: _____					
EMPLOYER: _____ PHONE: _____ HOW LONG: _____ MONTHLY INCOME: _____					

SECTION 2 - CONSTRUCTION LENDER	CONSTRUCTION LENDER	CREDIT REFERENCES	
	LOAN AMOUNT	REFERENCE	PHONE NUMBER
	NAME (FIRST, MIDDLE, LAST)	1. _____	
	ADDRESS	2. _____	
	CITY	3. _____	
	STATE	_____	
	LOAN OFFICER	_____	

SECTION 3 - PROPERTY DESCRIPTION	APPRAISAL VALUE OF HOUSE		SQUARE FEET		
	IS LAND PAID FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, HOW MUCH IS OWED?		
	PROPERTY IN NAME OF		PHONE NO.	ACCOUNT NO.	
	PROPERTY DESCRIPTION (OR ATTACH COPY OF DEED)			LOAN AMT/LINE OF CREDIT	
	LOT #	BLOCK #	SUBDIVISION #		
	DIRECTIONS TO PROPERTY				
	NAME OF CONTRACTOR		PHONE #		
	IS CONTRACTOR AUTHORIZED TO CHARGE TO YOUR ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	GBS SALES REPRESENTATIVE				

Applicant Email Address: _____

Do you want to receive invoices and statements by Email? Please check one:

(No _____ Yes _____)

(Daily _____ or Weekly _____)

Statement only will email at EOM.

PLEASE READ CAREFULLY

The person(s) whose name(s) appears on Page 1 of this Personal Home Credit Application (the Applicant(s)) and to whom an open line of credit may be extended, will be notified in writing and agree as follows:

1. Payment terms are NET 10th unless stated otherwise on each invoice. Billing cycle is through the end of the month.
2. A \$30 handling charge is assessed to checks returned uncollected.
3. The foregoing statements and accompanying financial statements are correct and were provided to induce GBS Building Supply – US LBM, LLC, hereinafter referred to as GBS, to extend open account credit to the Applicant(s). The Applicant(s) agrees that a faxed copy of this signed credit application shall be enforceable as an original.
4. In the event of non-payment and the institution of legal proceedings, the Applicant(s) agrees to bear the expense of all legal proceedings, plus a reasonable attorney's fee equal to 15% of the outstanding balance.
5. All obligations and liabilities of the Applicant(s) hereunder shall be joint and several.
6. Credit policies are subject to change at the discretion of the credit department. Upon acceptance of this application, and the issuance of an open line of credit, the Applicant(s) agrees to abide by such credit policies of GBS as are in effect from time to time.
7. Permission is granted as evidenced by my (our) signature(s) below, for GBS or its agents to contact the references listed heron, or any other source for the purpose of obtaining credit information. The creditor, bank or lending institution contacted has my (our) permission to furnish GBS with any and all information requested. In addition, I (we) hereby acknowledge the information provided on pages 1 and 2 of this application is complete and accurate.

BOTH APPLICANT AND SPOUSE SIGNATURE REQUIRED

Signature of Applicant _____ SSN _____ Date _____

Signature of Applicant _____ SSN _____ Date _____