

Applicant Email Address: _____

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

(No _____ Yes _____) (Daily _____ or Weekly _____ or Monthly _____) 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 all reasonable attorney's fees.
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 _____

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