



REVOLVING CREDIT APPLICATION

Credit: (609) 380-4057 Fax: (609) 272-0368
 credit@peterlumber.com

PETER LUMBER COMPANY
 300 E. WASHINGTON AVE.
 PLEASANTVILLE, NJ 08232
 ATTN: CREDIT DEPARTMENT

Circle	Monthly Revolving Credit Plan				
Total Credit Required	\$500.00	\$1,000.00	\$1,500.00	\$2,000.00	\$2500.00
Subject to Regular Monthly Payments of	\$50.00	\$100.00	\$1,500.00	\$200.00	\$250.00
I/We agree to pay a Service Charge of 1.5% on previous months balance. Annual Interest rate does not exceed 18%					

INFORMATION ABOUT YOURSELF (application to be filled out in the name which account is to be opened) **PLEASE PRINT**

NAME	AMOUNT OF REQUIRED CREDIT		
HOME ADDRESS	SOCIAL SECURITY #		
CITY STATE ZIP	HOME PHONE#		
YEARS AT PRESENT ADDRESS DO YOU OWN RENT	MONTHLY RENT OR MORTGAGE		
PREVIOUS ADDRESS IF LESS THAN TWO YEARS	DATE OF BIRTH		
CITY STATE ZIP	# OF DEPENDENTS (EXCLUDE SELF)		

EMPLOYMENT INFORMATION

NAME OF EMPLOYER	HOW LONG WORK PHONE#
ADDRESS	PRESENT SALARY PER WEEK: PER YEAR:
CITY STATE ZIP	OTHER INCOME PER WEEK: PER YEAR:

BANKING INFORMATION

NAME OF BANK	SAVINGS ACCOUNT: CHECKING ACCOUNT:
BRANCH ADDRESS	MONEY MARKET ACCOUNT: CD:
CITY STATE ZIP	IRA: STOCKS & BONDS

MONTHLY OBLIGATIONS

NAME OF COMPANY	ADDRESS	AMOUNT PER MONTH	PRESENT BALANCE
NAME OF COMPANY	ADDRESS	AMOUNT PER MONTH	PRESENT BALANCE

COMPANIES EXTENDING CREDIT

NAME OF COMPANY	ADDRESS				
NAME OF COMPANY	ADDRESS				
CREDIT CARDS	VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS	OTHER

HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT WITHIN THE LAST 6 YEARS? YES NO

IF YES, EXPLAIN ON A SEPARATE PIECE OF PAPER.

Please list the names of persons authorized to charge: _____

Please note: Charges will be accepted ONLY from the above listed persons. Additions and deletions to this list are effective only upon receipt of written notice to Peter Lumber Company.

I/We agree to pay a Service Charge of 1.5% per month on the unpaid balance. Annual interest rate does not exceed 18% per annum. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. Applicant authorizes Peter Lumber Co. to obtain credit and financial information concerning the Applicant at any time from any source. The undersigned warrants that the above agreement has been carefully read and that the Applicant understands completely.

Applicant Signature: _____ Date: _____

Joint Applicant Signature: _____ Date: _____

Peter Lumber Branch Location: _____ **Sales#:** _____