



# MASONS SUPPLY COMPANY

Construction and Industrial Materials

# CREDIT APPLICATION

Bookkeeping Office—P.O. Box 42367

**OREGON:**    **Clackamas**    **Eugene**    **West Eugene**    **Gresham**    **Hillsboro**    **Medford**    **Portland**    **Salem**    **Wilsonville**  
503-722-1528    541-744-6696    541-683-1408    503-665-4650    503-533-0107    541-772-6161    503-234-4321    503-585-5504    503-582-9320

**WASHINGTON:**    **Port Orchard**    **Ridgefield Form Yard**    **Seattle**    **Tacoma**    **Vancouver**    **Woodinville**  
360-876-6372    360-887-4777    206-767-4645    253-581-6161    360-694-8700    425-487-6161

Business Name

Business Street Address

Billing Address

Business Phone

City

State

Zip

Fax Phone

Nature of Business

☐ Sole Proprietor

☐ Corporation

☐ Partnership

☐ LLC

List All Owners, Officers, Principals, or Partners Full Name, Home Street Address, Home Phone (Use Additional Sheets as Necessary)

Name

Address

Phone

Name

Address

Phone

How Long in Business

How Long at Present Business Address

If Less Than 1 Year Previous Address

Construction Contractors Board License No.

Dept. of Labor & Industries Contractors License No.

Expiration Date

Expiration Date

Sales Tax Resale No.

Bond Co. & Address

Phone

Bond No.

Business Bank & Branch

Phone

Name of Bank Representative to Contact

Checking No.

Bank Line of Credit? ☐ Yes ☐ No

Construction Lender

Phone

Contact Person

Phone

Personal Bank and Branch

☐ Checking Account No.

☐ Savings Account No.

☐ Loan Account No.

Have you or any other owner or officer ever done business with Masons? If yes, when?

Under what Name?

Federal Identification No.

☐ Business

☐ Personal

☐ Financial Statement Attached

## References (Trade Suppliers)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If sole proprietor or partner, please list the following:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ — — —

Do you own your own home? ☐ Yes ☐ No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

APPLICATION CONTINUED ON NEXT PAGE

Credit Application Must be Signed to be Valid

PERSONAL GUARANTY

In consideration for Masons Supply Company extending credit to the Corporation, Partnership, or business entity I am associated with, and as an inducement to Masons Supply Company to supply credit to that business entity, I agree to personally guarantee that all credit extended to that business entity will be paid in full. In the event the business entity I am associated with fails to pay billings from Masons Supply Company within 30 days of receipt, I agree to individually be responsible for any court costs and attorneys fees incurred by Masons Supply Company in collection efforts, should the business entity fail to pay all billings within 30 days of receipt, and should it be necessary to institute collection procedures.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

Signed: \_\_\_\_\_  
IN MY INDIVIDUAL AND PERSONAL CAPACITY

Signed: \_\_\_\_\_  
IN MY INDIVIDUAL AND PERSONAL CAPACITY

Signed: \_\_\_\_\_  
IN MY INDIVIDUAL AND PERSONAL CAPACITY

TERMS OF SALE

I hereby agree to pay my account in accordance with Masons Supply Company's regular terms and conditions. I further agree to pay 1½% per month (18% per annum), service and/or finance charge, subject to local laws governing this charge on balances not paid by the 25th day of the month following purchase. "If an attorney is employed to enforce this agreement, Masons Supply Company shall be entitled to attorney fees and costs, irrespective of whether any legal proceeding is commenced. If any legal action, arbitration, or other proceeding is brought (including any bankruptcy), the prevailing party shall be entitled to recover reasonable attorney fees and other costs, both at trial and on appeal." It is understood and agreed by and between the parties that this credit transaction is subject to the provisions of State and Federal uniform consumer credit codes as they may apply. I understand that if I fail to provide Masons Supply Company with current lists of people authorized to charge against my account, I will be held responsible for unauthorized charges.

Permission is hereby granted to Masons Supply Company to verify credit information from references and information provided, and to make all other pertinent credit inquiries as deemed necessary to make a credit determination.

LIST PEOPLE AUTHORIZED TO CHARGE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PLEASE SIGN BELOW:

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_