

103 Fern Street  
 Bremen, GA 30110  
 Phone: 770-537-2100  
 Fax: 770-537-2188



Requested Credit Limit: ★ \_\_\_\_\_ ★

**Applicant Information**

Applicant's Full Legal Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 D.B.A. (if different): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Billing Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Business Information**

Entity Type:     Sole Prop.     Partnership     Corporation     LLC     Government     Non-Profit  
 If incorporated, State: \_\_\_\_\_ If Incorporated, Date: \_\_\_\_\_  
 Business Start Date: \_\_\_\_\_ Gross Annual Revenue: \_\_\_\_\_ FEIN: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_

Business Owner #1	Business Owner #2
Name: _____	Name: _____
Title: _____ % Owned: _____	Title: _____ % Owned: _____
SS#: _____ Phone: _____	SS#: _____ Phone: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Business Owner #3	Business Owner #4
Name: _____	Name: _____
Title: _____ % Owned: _____	Title: _____ % Owned: _____
SS#: _____ Phone: _____	SS#: _____ Phone: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

**Bank References**

Name: _____	Name: _____
Account #: _____	Account #: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Contact Name: _____	Contact Name: _____
E-mail: _____	E-mail: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

**Trade References (where at least one reference is a similar business)**

Name: _____	Name: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Account #: _____ City: _____	Account #: _____ City: _____
Contact Name: _____	Contact Name: _____
E-mail: _____	E-mail: _____
Name: _____	Name: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Account #: _____ City: _____	Account #: _____ City: _____
Contact Name: _____	Contact Name: _____
E-mail: _____	E-mail: _____

**Account Terms**

**Payment Terms**

Applicant agrees to pay all charges, including service charges, or any other applicable charges. Statements are distributed the 26<sup>th</sup> of each month, with the account payments due the following 10<sup>th</sup>. Account payments may be made with cash, check, or cards, with cards charging an additional 3% fee. A service charge will be added at a rate of 2% monthly with a \$5 minimum on all balances past due. Wallace Building Center reserves the right to place an account hold on any account past due 60 or more days. Collection action may be taken against accounts 90 or more days past due. Disputes on invoices must be made within 10 days of the invoice (including, but not limited to, missing material, lack of signature, etc.). Payment is due to Wallace Building Center regardless of any existing contracts including, but not limited to, those listed as "pay if/when paid".

**Deliveries**

For the chance at next-day deliveries, orders must be placed as early as possible, as orders are on a first come, first serve basis. The applicant agrees to either be on sight or have authorized personnel on sight to sign off on delivered goods. Should no one be on sight the applicant waives any rights to claim forgotten or damaged goods unless undoubtable proof can be shown that it was due to Wallace Building Center or its employees. If errors are found on site or proof of errors found later, Wallace Building Center will always strive to make things right for its customers. Errors must be made known within 10 days of delivery. Customer understands that phone or electronic orders are not subject to signature approval, however, are still binding unless disputed within 10 days of invoice.

**Electronic Consent**

The applicant agrees to communicate electronically with Wallace Building Center when applicable. The applicant also agrees to use electronic signatures when applicable and that these signatures are legally valid.

**Restocking Fees/Special Orders**

Returns are subject to a 10% restocking charge. Refunds are limited to items bought within 30 days, with a receipt, and in resellable condition only. No refunds on special order items. Special order items are invoiced the day that they arrive at Wallace Building Center.

**Legalities and Collections**

In the event that an account goes to collections, the applicant will be responsible for any and all collection and attorney fees that may incur. Any legal dealings between Wallace Building Center and the applicant must take place in Haralson County, Georgia. Wallace Building Center reserves the right under the law to pursue all lien rights.

**Credit Inquiries**

Wallace Building Center reserves the right to run credit reports on all applicants. Information in these credit reports in conjunction with the application will be used to determine applicants account eligibility.

**Wallace Building Center also reports all account activity to Experian.** Accounts requesting \$100,000 or higher will be required to provide financial statements. If approved, the applicant will receive a credit limit that Wallace Building Center reserves the right to change at any time. Any change in business information differing from this application must be provided immediately to Wallace Building Center.

**Personal Guaranty**

The undersigned guarantor (the applicant) agrees to, under any circumstances, personally guarantee the payment of any and all amounts due to Wallace Building Center. This guaranty is not dependent upon Wallace Building Center first proceeding against the applicant or any other entity liable. The guarantor understands that Wallace Building Center may change the agreement at any time, with or without notice. The guarantor also understands that their credit report will be pulled and used when considering approval.

Name: _____	Name: _____
SS#: _____ DOB: _____	SS#: _____ DOB: _____
Signature: _____	Signature: _____

**Terms Agreement**

I hereby certify that the information provided in this application is complete and correct to the best of my knowledge. In the event that this application is approved, the applicant agrees to abide by the terms set forth above. The applicant also authorizes us to obtain their credit report and understands that we report all resulting account activity. The applicant understands that this agreement may change, with or without notice to the applicant. Lastly, the applicant agrees to inform Wallace Building Center of any changes in their information.

Name: _____	Title: _____
Signature: _____	Date: _____