



ACCEPTED PURSUANT TO  
CREDIT SALES DEPARTMENT APPROVAL

**SHELLY ENTERPRISES - US LBM, LLC**

**CONSUMER CREDIT  
APPLICATION  
AND  
AGREEMENT**

- SOUDERTON
- PERKASIE
- KIMBERTON
- BETHLEHEM

OFFICE USE ONLY	
	Interviewer
Approval	Credit Limit
Account Number	

APPLICANT PERSONAL INFORMATION	A NAME (FIRST-MIDDLE-LAST)—(PLEASE PRINT)				DATE OF BIRTH	SOCIAL SECURITY NO.		
	PRESENT ADDRESS			CITY	STATE	ZIP	HOW LONG	A/C HOME PHONE ( )
	PREVIOUS ADDRESS (IF LESS THAN 3 YRS. AT PRESENT ADDRESS)					HOW LONG	NO. DEPENDENTS	
	PRESENT EMPLOYER				TIME ON JOB	OCCUPATION		
	EMPLOYER'S ADDRESS				A/C ( )	PHONE NO.	NET EARNINGS/TAKE HOME PAY	
	THIS INFORMATION NEED NOT BE DISCLOSED UNLESS IT WILL BE RELIED ON FOR REPAYMENT. SOURCE OF OTHER INCOME <input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE INCOME <input type="checkbox"/> OTHER:						OTHER INCOME \$	
	PREVIOUS EMPLOYER (IF LESS THAN 3 YRS. WITH PRESENT EMPLOYER)				TIME ON JOB	OCCUPATION	A/C PHONE NO. ( )	
	NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	ADDRESS		A/C PHONE NO. ( )	

SPOUSE OR JOINT APPLICANT INFORMATION	<b>B About the Joint Applicant</b> Please provide information about the guarantor, or joint applicant in this section.							
	NAME (FIRST-MIDDLE-LAST)—(PLEASE PRINT)				DATE OF BIRTH	SOCIAL SECURITY NO.		
	PRESENT ADDRESS			CITY	STATE	ZIP	HOW LONG	A/C HOME PHONE ( )
	EMPLOYER				TIME ON JOB	OCCUPATION		
EMPLOYER'S ADDRESS				A/C ( )	PHONE NO.	NET EARNINGS/TAKE HOME PAY \$ PER		

APPLICANT INFORMATION REFERENCES	<b>C CREDIT REFERENCES - List all credit references currently outstanding or recently paid.</b>						
	NAME OR CREDITOR OR CREDIT CARD	ADDRESS OR CARD NUMBER	ACCOUNT IN NAME OF	HIGH BALANCE OR CREDIT LIMIT	CURRENT BALANCE	MONTHLY PAYMENT	PURPOSE OR COLLATERAL
	Have you declared bankruptcy in the past 10 years? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, was it chapter <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 13						
	OTHER OBLIGATIONS <input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> OTHER						\$ PER
CHECKING ACCOUNT WITH			ACCT. NO.	SAVINGS ACCOUNT WITH		ACCT. NO.	
RESIDENCE <input type="checkbox"/> NAME OF LANDLORD OR <input type="checkbox"/> NAME OF MORTGAGE HOLDER			A/C ( )	PHONE NO.	DATE PURCHASED	COST \$	
MARKET VALUE \$	BALANCE OWED \$	MONTHLY PAYMENT \$			DEED IN NAME OF		

Applicant agrees to make payment for any merchandise or services by the 10th day of the following month to receive the appropriate discount, and by the end of the next month after the purchase to avoid 1 1/2% per month interest charges. Furthermore, it is agreed that applicant will pay for collection agency's fees, attorney's fees and court costs if this account is referred to an attorney or collection agency for collection.

The above information is for the purpose of obtaining credit and I/we certify that the information is true and correct. I/we authorize you to verify this information and/or obtain additional information by obtaining data from a credit reporting agency.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THAT THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT): BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS COMPANY IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, BUREAU OF CONSUMER PROTECTION, 730 PEACHTREE STREET, NE, ATLANTA, GEORGIA 30301.