

**APPLICATION FOR CREDIT**

Miami Lumber Inc. 1014 N. Pearl St. Paola, KS 66071 913-294-2041  
MIAMILUMBERINC.COM Fax-913-294-4954

**Personal Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Fax \_\_\_\_\_

**If Self Employed**

Company \_\_\_\_\_  
Address \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_

**Social Security #**

\_\_\_\_\_

**Tax I.D. #**

\_\_\_\_\_

**Driver's License #**

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

Bank \_\_\_\_\_  
Account # \_\_\_\_\_

Contact \_\_\_\_\_  
Bank Phone \_\_\_\_\_

**If this is for a business account please list 3 other business references**

	Name	Phone Number	Fax Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

**If building a new home or remodeling an existing home**

Home Owner \_\_\_\_\_  
Home Owner Address \_\_\_\_\_  
Home Owner Phone \_\_\_\_\_  
Job Address \_\_\_\_\_  
Full Legal Description \_\_\_\_\_

Loan Company \_\_\_\_\_ Phone \_\_\_\_\_  
Loan Company Address \_\_\_\_\_  
Contact \_\_\_\_\_

***This application must be completed in it's entirety for credit to be established.***

**CREDIT TERMS: TOTAL BALANCE DUE 10TH OF MONTH FOLLOWING PURCHASE**

I certify that all of the above information is true and correct and I understand that payment of my account is due in full by the 10th of month following purchase.

Signed \_\_\_\_\_ Date \_\_\_\_\_