



## CREDIT APPLICATION & AGREEMENT

This form should be completed in full by an authorized person. Please return to the address checked on the reverse side.

**APPLICANT:**

DATE: \_\_\_\_\_

LEGAL NAME OF APPLICANT / BUSINESS: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DBA (Doing Business As): \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

A/P EMAIL ADDRESS FOR RECEIVING MONTHLY STATEMENT(S): \_\_\_\_\_

YEAR STARTED: \_\_\_\_\_

FORMERLY KNOWN AS: \_\_\_\_\_

Will your purchases from us be exempt from state sales tax? \_\_\_\_\_ If yes, please enclose a copy of your certificate / permit.

**TYPE OF BUSINESS:**

INDIVIDUAL / SOLE PROPRIETORSHIP

CORPORATION

LIMITED LIABILITY CORPORATION (LLC)

(Check one)

GENERAL PARTNERSHIP / JOINT VENTURE

LIMITED PARTNERSHIP

OTHER (SPECIFY) \_\_\_\_\_

**PRINCIPAL OWNER(S), STOCKHOLDER(S), MEMBER(S) OR PARTNER(S):** (If Limited Partnership, include the name of the General Partner(s).)

NAME \_\_\_\_\_ NAME \_\_\_\_\_ NAME \_\_\_\_\_

TITLE \_\_\_\_\_ TITLE \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SUPPLIER CREDIT REFERENCES:**

(Please list 3 or more)

CITY

PHONE

1. \_\_\_\_\_ \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_ \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. \_\_\_\_\_ \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**BANK REFERENCE(S):**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

OFFICER CONTACT \_\_\_\_\_

OFFICER CONTACT \_\_\_\_\_





# BANK INFORMATION REQUEST

This section to be completed by applicant. Please print.

NAME OF APPLICANT: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NAME OF LOAN OFFICER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERMISSION TO RELEASE INFORMATION:**

The above named bank is authorized to provide Hughes Lumber Company the information requested for their use in the credit evaluation process now and in the future.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

This section to be completed by Bank.

**ACCOUNT INFORMATION:**

Checking:      Date Opened: \_\_\_\_\_      Average Balance: \_\_\_\_\_

Savings:      Date Opened: \_\_\_\_\_      Average Balance: \_\_\_\_\_

Other:      Date Opened: \_\_\_\_\_      Average Balance: \_\_\_\_\_

**LINE OF CREDIT INFORMATION:**

Total Available: \_\_\_\_\_      Current Balance: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

**CONSTRUCTION LOAN INFORMATION:**

Total Available: \_\_\_\_\_      Advanced to Date: \_\_\_\_\_

Location / Legal Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Bank Officer

\_\_\_\_\_  
Date

**PLEASE FAX THIS FORM BACK TO THE HUGHES LUMBER LOCATION CHECKED BELOW:**

- Bartlesville** Fax (918) 534-0604      Telephone (918) 534-1335
- Ponca City** Fax (580) 762-8304      Telephone (580) 762-8301
- Enid** Fax (580) 233-7650      Telephone (580) 233-7800
- Corporate Office** Fax (918) 266-9156      Telephone (918) 266-9155
- Oklahoma City** Fax (405) 602-8743      Telephone (405) 601-8877
- Tulsa-Port of Catoosa** Fax (918) 266-9195      Telephone (918) 266-9132
- Muskogee** Fax (918) 683-2989      Telephone (918) 683-2987
- Stillwater** Fax (405) 372-2287      Telephone (405) 372-2285
- Fairland** Fax (918) 676-3140      Telephone (918) 676-3282