

Dukes Lumber Co., Inc.  
28504 Dukes Lumber Road  
Laurel, Delaware 19956

Phone : 302-875-7551 · Fax : 302-875-2606

Dukes Lumber & Home Center, Inc.  
22186 Sussex Hwy PO Box #1360  
Seaford, Delaware 19973

Phone : 302-629-6622 · Fax : 302-629-6734

## CREDIT APPLICATION

Account Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Social Sec No \_\_\_\_\_ Spouse's Soc. Sec. No \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_  
How long employed there \_\_\_\_\_ Phone Business \_\_\_\_\_ Home \_\_\_\_\_  
IF SELF EMPLOYED type of business \_\_\_\_\_  
When established \_\_\_\_\_ No. of employees \_\_\_\_\_

IF A BUSINESS ACCOUNT name of principals, owners and/or partners

**NAME**

**POSITION**

**HOME ADDRESS**

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

Amount of credit requested \$ \_\_\_\_\_  
Primary Banking with \_\_\_\_\_ Address \_\_\_\_\_  
Type of Account \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Other Banking with \_\_\_\_\_ Address \_\_\_\_\_  
Type of Account \_\_\_\_\_ Acct No. \_\_\_\_\_  
Mortgage (if any) with \_\_\_\_\_ Address \_\_\_\_\_

### CREDIT REFERENCES

**NAME**

**ADDRESS**

**PHONE #**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**CREDIT TERMS: Dukes Lumber Co. Inc. and Dukes Lumber & Home Ctr. Inc.** Statements are sent at the end of the month from store location of purchase, with payment due to that store location by the 10<sup>th</sup> of the following month. Finance service charges of 2% per month (24% per annum) may be assessed to past due balances for each month in which the account is in a past due status.

In consideration of Dukes Lumber Co., Inc. &/or Dukes Lumber & Home Center Inc. extending credit to \_\_\_\_\_ Corp., &/or \_\_\_\_\_ Individually, I hereby personally guarantee any and all amounts owing by the above named corporation. I further agree that upon demand I shall personally pay all amounts owing by said corporation to Dukes Lumber Co., Inc. &/or Dukes Lumber & Home Ctr Inc. In the event it becomes necessary to incur any collection costs or suits to collect this agreement, the undersigned promises to pay such additional costs of collection and such sum as the Court may adjudge reasonable as Attorneys fees on said suit.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Spouse Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Date** \_\_\_\_\_

You give us & any holder of your account permission to request a consumer report from a consumer-reporting agency. Upon your request, we will inform you of the name & address of each consumer reporting agency from which we obtained a consumer report, if any, relating to you.

### **FOR DUKES CREDIT DEPT. ONLY**

Open Account: Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_ Credit Line \_\_\_\_\_