

Please email to: BUILDWITHWESTSIDE@GMAIL.COM

COMMERCIAL CREDIT APPLICATION

WBM OWNER SIGNATURE:		WB	WBM PRINT NAME:			DATE:
SIGNATURE:		P	PRINT NAME:		TITLE	DATE:
checked for this purpo to pay sums due to We principal due (18% API collection. I (We) furth relating to this agreen amount of The City of Westside Lumber Mat be brought against We PERSONAL GUARANTE indebtedness that may payment or the accept agreement shall in no	se. CHARGE ACCOUNTS ARE estside Building Materials, LLC R), plus attorney's fees in the of er agree to venue and jurisdic enent, I (we) agree the hearing Port Allen Court, the hearing erials will replace any materic estside Building Materials. E:The consumer hereby unco be incurred by commercial of sance of any sum or sums on a way weaken the validity of th e right to proceed against mee	ding Materials, LLC for purposes BASED UPON NETIOTH AND PAY plus any fees incurred to collect i imount of 25% of the balance due tion in West Baton Rouge Parish- locale for any such lawsuit will be locale shall be West Baton Rouge l proven defective by applicant for nditionally guarantees, at all time onsumer applying for credit. This account, or the acceptance of not is personal guarantee which I (we (us) at any time, without any not	of obtaining cree CMENT MUST BE my (our) accoun e, including late and The City of P e The City of Port e Parish. In the e or a period of 90 es, full and prom is to be a contin ces, drafts, or any e) am/are hereby	dit. I (We) permit any informat RECEIVED BY THE 10TH OF E t in the event of delinquency, fees, charges, and expense of Port Allen Court. In the event of t Allen Court, or if the amount vent of any claim for defective days from manufacturer and pt payment, within terms, of using guarantee, and the exter y security from the guarantee y executing. In the event of an	ACH MONTH. 1 (W plus interest at 1.59 of any litigation aris in dispute exceeds e material, no claim may any nsion of time d party to this	% per month on the ing out of or the jurisdictional
CREDIT CONTRACT						
COMPANY:		OPEN CREDIT RE ADDRESS:	FERENCES:	(LIST 3) TELEPHONE N	UMBER:	FAX NUMBER:
REPRESENTATIVE:				(<u>-</u>)		
TELEPHONE NUMBER:						
BUYERS LIST: COMPANTY BANK, ADD		NAMES ON LETTERHEA	α <i>υ)</i> ΝΟ			
PO REQUIRED:				YESNO		
ACCOUNTS PAYABLE CO					_	
OWNER NAM		TITLE:	0	ADDRESS:		SSN:
NATURE OF BUSINESS: TYPE OF BUSINESS:		PARTNERSHIP				
EMAIL ADDRESS:				YEARS ESTAB	LISHED: _	
TAX I.D. NUMBER:		TAX EXEMPT?	YES	(ATTACH COPY OF		TIFICATE) NO
TELEPHONE NUMBER:		CELL NUMBER:			NUMBER:	
BILLING ADDRESS:						
PHYSICAL ADDRESS:						
COMPANY NAME:						