



Alexander Lumber Co.

INDIVIDUAL CREDIT APPLICATION

Full Name (Last, First, Middle):		Email:
Present Street Address:		Years there:
City:	State:	Zip:
Telephone#	Cell #	Fax No:
SSN:	Drivers Lic#	DOB:

(If less than 3 years at present address)

Previous Street Address:		
City:	State:	Zip:

Present Employer:	Years there:	Telephone#
Position or Title:		Supervisor:
Employer's Address:		
City:	State:	Zip:
Previous Employer: (If less than 3 years with present employer)		Years there:
Present Salary: \$	per	No. Dependents:
Other Income: \$	per	Source(s) of other income:

Bank Name:	Address:		
Checking Account No:	City:	State:	Zip:

Bank Name:	Address:		
Savings Account No:	City:	State:	Zip:

