



Alexander Lumber Co.

COMMERCIAL CREDIT APPLICATION

Business Name:		Email Address:	
Address:			
City:	State:	Zip:	
Telephone No:	Fax No:	Cell No:	

Indicate One: Corporation LLC Sole Owner Partnership Other please specify: _____

Business Type: Contractor Other please specify: _____

Gross Annual Sales/Revenues:

Less Than \$50,000	\$100,001 - \$250,000	\$500,001 - \$2,000,000
\$50,000 - \$100,000	\$250,001 - \$500,000	\$2,000,000 plus

Years in Business:	Number of Employees:
Requested Line of Credit: \$	Estimated Monthly Purchases: \$

OWNER(S) / OFFICERS OF THIS BUSINESS

Name:		Title:	
Date of Birth:		SS#:	
Home Address:			
City:	State:	Zip:	
Previous Address (If less than 3 years at above address)			
City:	State:	Zip:	

I authorize the Alexander Lumber Co. to review my own personal credit profile to be used only in conjunction with this application.



Owner/Officer Signature

Date

Print Name

Name:		Title:	
Date of Birth:		SS#:	
Home Address:			
City:	State:	Zip:	
Previous Address (If less than 3 years at above address):			
City:	State:	Zip:	

I authorize the Alexander Lumber Co. to review my own personal credit profile to be used only in conjunction with this application.



Owner/Officer Signature

Date

Print Name

BANK REFERENCES

Bank Name:	Address:		
	City:	State:	Zip:
Type of Account:	Account No:		

Bank Name:	Address:		
	City:	State:	Zip:
Type of Account:	Account No:		

BUILDING MATERIAL TRADE CREDIT REFERENCES

Business Name:		Business Name:		Business Name:	
Address:		Address:		Address:	
City:		City:		City:	
State:	Zip:	State:	Zip:	State:	Zip:
Phone No:		Phone No:		Phone No:	
Fax No:		Fax No:		Fax No:	

PLEASE SIGN WHERE INDICATED

IMPORTANT NOTICE: The Alexander Lumber Co. will enforce any and all lien rights for material purchased to the extent permitted by law. There will be a service fee for credit card payments.

I hereby represent and warrant everything stated in this application is true and correct to the best of my knowledge. I authorize any company(s) listed above to answer questions relating to my credit history with them. I understand that I will receive a monthly statement of my account showing charges and credits for the prior month and the New Balance Due as of month's end. This balance is payable on receipt of the statement and if not paid by the 15th of the month, a Late Payment Charge in the amount of 1 ½% per month (18%) per year will be assessed. I agree that any dispute I have with the balance as stated will be brought to the Company's attention within 10 days of the statement date or be waived. In the event the Company(s) hires an attorney to collect the balance due I agree to pay all expenses, including reasonable attorney's fees, incurred by the Alexander Lumber Co. Purchaser consents to venue for any dispute in any county in which the Alexander Lumber Co. maintains an office.

 _____ 
 Signature of Owner/Officer #1 Date Signature of Owner/Officer #2 Date

In consideration of the Alexander Lumber Co. agreeing to extend credit to the Purchaser, I hereby jointly and severally guarantee the payment and performance of the Purchaser to all terms and conditions of this agreement. This is a continuing guarantee which will remain in effect until a written notice is served upon the Alexander Lumber Co. by certified mail, return receipt requested, at 515 Redwood Drive, Aurora, Illinois, terminating this guarantee as to purchases made after the Alexander Lumber Co. receipt of the notice. In the event of any default at any time by the Purchaser, I agree that the Alexander Lumber Co. shall be entitled to look to me for payment, without prior notice or demand to the Purchaser. Guarantor consents to venue for any dispute in any county in which the Alexander Lumber Co. maintains an office. In the event that the company(s) hires an attorney to collect the balance due, I further agree to pay all expenses, including reasonable attorney's fees, incurred by the Alexander Lumber Co.

 _____ 
 Signature of Guarantor #1 Date Signature of Guarantor #2 Date
 (Not in the capacity of corporate officer) (Not in the capacity of corporate officer)



Web Track is our online portal that will allow you to view/print all of your invoices and statements. This portal will also allow you to make account payments with credit/debit cards and also electronic check.

Web Track

Business Name: _____

Business Address: -Street: _____

City: _____ **State:** _____ **Zip** _____

Your Name: _____ **Title:** _____

Business Phone #: (_____) _____

To set up my WebTrack account and to email update information about Web Track features.

Email Address: _____ @ _____

I/we authorize the ALCO companies to communicate via Fax, Text, and/or emails which may include but not limited to information on Meetings, Special Events, Special Offers, Industrial Bulletins, etc.....

I/we furthermore authorize the ALCO companies to set up my Web Track account using my email address as my user name and password wherein allowing me to change my password under my own discretion. I will Hold Harmless the ALCO companies for any information that may be obtained by persons not authorized on this document due to Computer Hacking, Cyber-theft or any other means outside of ALCO companies control. I also understand it is my sole responsibility to maintain the security of my account information by auditing my own users and password.

Authorized Signature: _____

Title: _____ **Date:** ____/____/20____

Sharing and Usage: We will never share or sell personal and/or business information with anyone without your expressed written consent, unless ordered by a court of law. Information submitted to us is only available to those employees managing this information for the sole intention of communicating the desired information directed by you with this document, and to contracted service providers for purposes of providing services relating to our communications with you.

Once your account is setup we will send you a Welcome Email along with your username and password.