

The Supply, Inc., DBA



Washington Supply Company

2 Calhoun Street

P.O. Box 384

Washington Depot, Connecticut 06794

Phone: 860-868-7395

Fax - Office: 860-868-2163

Fax - Sales Office: 860-868-6032

Application for Credit - Homeowner Account

Full Name: _____
Last First Middle Initial

Birthdate: _____

Home Phone Number: _____

Present Street Address: _____

City: _____ State: _____ Zip Code: _____

Years at present address: _____

Billing Address: _____

Billing Phone Number: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Present Employer: _____

Position: _____ Name of Supervisor: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Telephone Number: _____

CONTINUED ON NEXT PAGE



Banking Information:

Checking Account Number: _____

Bank and Branch: _____ Phone: _____

Savings Account Number: _____

Bank and Branch: _____ Phone: _____

Credit References:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If this is a Joint Account, or if the account is to be used by more than one person:

Joint Applicant's Name: _____

Joint Applicant's Social Security Number: _____

AGREEMENT

Everything that I have stated in this application is correct to the best of my knowledge. I understand that The Supply, Inc. will retain this application whether or not it is approved. The Supply, Inc. is authorized to check my credit and employment history.

I agree to pay all charges placed on my account within thirty days of the date of the monthly statement. I also agree to pay any and all service charges at the rate stated on the statements when tendered. Should it be necessary, I also agree to pay all collection costs, including attorney's fees to facilitate collection of my account.

Applicant's Signature

Date

Joint Applicant Signature

Date