



Date: \_\_\_\_\_

**CREDIT APPLICATION**

Please check which of our companies ("Company") you are applying to receive credit from (Select 1 or more; if no boxes are checked, we can select any Company.)

- ☐ Wehrung's Lumber and Home Center, Inc.  
☐ Wehrung's Collegeville, LLC  
☐ Wehrung's Macungie, LLC  
☐ Wehrung's Specialty Woods (DBA utilized by Wehrung's Lumber and Home Center, Inc.)  
☐ M & W Precast, LLC

**BILL TO:** Legal Business Name \_\_\_\_\_☐ PROPRIETORSHIP☐ PARTNERSHIP☐ CORPORATION

Years in business \_\_\_\_\_

☐ LIMITED LIABILITY COMPANY

Trade Name (if applicable) \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_

Estimated Annual Purchases \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Sales Tax Exempt

Yes ☐No ☐

If yes, please attach

E-Mail Address \_\_\_\_\_

P.O. #

Yes ☐No ☐**CREDIT LIMIT REQUESTED:** \_\_\_\_\_**SHIP TO:** (If same as above, please check ☐)

Name \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_

**MANAGEMENT/PARTNERSHIP INFORMATION** (Each Partner Must Sign Application – If More Than 2 Owners Attach Additional Sheet with Same Information)

Name/Title (1) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone # (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_

Name/Title (2) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone # (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_

**BANK INFORMATION:**

Type of account:

Checking ☐Savings ☐Other ☐

Name \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_

**TRADE REFERENCES:** (Please attach current Financial Statement)

1. Company \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_

2. Company \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_

3. Company \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_

With its signature below, Applicant ("Customer") (i) certifies that all information contained herein is true and correct and that it is engaged in a commercial activity, (ii) grants permission to obtain independent credit reports or credit reports and other information from its references and bank, (iii) authorizes the credit references and bank reference(s) to release information to the above selected Company that may be used to determine credit worthiness, and (iv) agrees to pay all bills, invoices, and account statements rendered in full within ten (10) calendar days after receipt by Applicant. The credit limit requested does not in any way limit Customer's liability. Any past due account is subject to being placed on collect-on-delivery (C.O.D.) until paid in full. Repeated late payments could result in revocation of Applicant's credit privileges, which the above selected Company may revoke in its sole and absolute discretion. Applicant agrees to pay a service charge of 1.5 % per month on balances not timely paid (regardless of being invoiced). Applicant also agrees to pay all the above selected Company's reasonable fees and expenses incurred in collecting past due balances, including but not limited to attorneys' fees and/or other expenses. Jurisdiction shall be governed by the laws of the State of Pennsylvania. Company reserves the right to choose arbitration proceeding litigation.

SIGNATURE (Each Partner Must Sign Credit Application)

**NOTICE**

DATE

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR RELIGION, NATURAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHTS UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THE LAW CONCERNING THIS CREDITOR IS: THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, DC 20580.

**For Credit Department Use Only:**

Approved Limit \$: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Credit Approved By: \_\_\_\_\_ Salesperson: \_\_\_\_\_

## Personal Guarantee

To induce the above selected company to extend credit to the above Applicant, the undersigned ("Guarantor"), hereby guarantees payment of all of Applicant's indebtedness to the above selected company this credit agreement or otherwise under applicable law. Any revocation of Applicant's credit privileges shall not affect the guaranty with respect to amounts owed before receipt of the notice of revocation by (company name). Notices of acceptance, default and nonpayment are hereby waived. This guaranty shall be a continuing and irrevocable guaranty and indemnity for indebtedness of Applicant to the above selected company. Guarantor consents to any modification, extension and/or renewal of the credit agreement hereby guaranteed without notice. If the Applicant fails to pay the account when due, the above selected company may proceed against Guarantor to collect all amounts due from Applicant, without notice to Guarantor and without first proceeding against Applicant. Guarantor agrees that the laws of the State of Pennsylvania shall govern this credit agreement and guaranty, and that all disputes arising from or related to this agreement or guaranty shall be litigated exclusively in state or federal court located in Pennsylvania, to whose jurisdiction Guarantor irrevocably consents.

GUARANTOR:

ADDITIONAL GUARNTOR (Attach additional pages if necessary):

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name

X

\_\_\_\_\_  
Signature

X

\_\_\_\_\_  
Signature

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

City, State: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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