



RESIDENTIAL CREDIT APPLICATION

11277 TRADE CENTER DRIVE, RANCHO CORDOVA, CA 95742
(916) 635-9090 • FAX (916) 635-0467

CREDIT APPROVAL

Personal Information

_____/_____/____

NAME _____ S.S.# _____

STREET ADDRESS _____ ZIP CODE _____

MAILING ADDRESS _____ ZIP CODE _____

CITY _____ STATE _____ FAX: _____

HOME PHONE (____) _____ WORK #: (____) _____ CELL #: (____) _____

NAMES OF ADDITIONAL PERSON(S) AUTHORIZED TO CHARGE ON THIS ACCOUNT (please list):

TERMS OF CREDIT _____ PAST DUE 26TH PROX.

A SERVICE CHARGE OF 2% PER MONTH OR FRACTION THEREOF WILL BE PAID ON ALL PAST DUE SUMS; THESE SERVICE CHARGES WILL NOT BE WAIVED.

A SERVICE CHARGE OF \$30.00 WILL BE PAID FOR EACH CHECK RETURNED UNPAID.

CUSTOMERS WILL BE REBILLED FOR ANY DISCOUNTS TAKEN AFTER THE DISCOUNT DATE OR OBTAINED BY CHECKS WHICH ARE LATER RETURNED UNPAID.

This application is to obtain credit from any one or all of the named companies whether purchases are to be made now or hereafter. In the event any part or all of any sum owing from the undersigned to any of the above named companies becomes past due, or in the event any term of credit or purchase has not been met as agreed. Any part or all sums owing to the companies, whether due or not, shall thereupon become due and payable in full at the option of the companies. The undersigned agrees to pay all reasonable costs, expenses and attorney's fees, whether suit is filed or not, incurred in the enforcement of any obligation of the undersigned, or incurred in the collection of any sum due extended in reliance hereon, or the enforcement of the continuing guarantee a part hereof.

CONTINUING GUARANTEE: The within guarantee is made for the benefit of, and to obtain credit on a continuing basis, with respect to any one or all of the companies listed above, unless the companies are notified to the contrary in writing.

The undersigned hereby guarantees the performance of the person or firm applying for credit on the reverse side hereof and to whom credit is extended, including but not limited to the payment of all present and future indebtedness, whether secured or unsecured and regardless of how the indebtedness is represented or incurred. The undersigned consents to any extension or alteration of any obligation and guarantees such without prior notice, demand or pursuit of remedies against the party primarily liable. This guarantee shall continue in effect until the undersigned has notified the creditor in writing of its cancellation, but such cancellation shall not alter any obligation of the undersigned arising hereunder prior to receipt of such written notice. The undersigned further agrees to pay all reasonable costs, expenses, and attorney's fees incurred in the enforcement of this continuing guarantee, or in the enforcement of any obligation as a result of the extension of credit, including but not limited to the collection of any past due indebtedness whether or not suit is filed.

DATED:

GUARANTOR: (print name)

GUARANTOR: (sign name)

J&C M HOLDING INC
DBA: WAYSIDE LUMBER CO. INC.

Please read "term of sale" in its entirety, sign and return with your credit application.
An account will not be opened until completed and on file.

TERM OF SALE

HOMEOWNER RESPONSIBILITY

AS THE HOMEOWNER/CUSTOMER, YOU ARE RESPONSIBLE FOR ALL ASPECTS OF THIS ACCOUNT; ACCURATE PRELIEN INFORMATION, AUTHORIZING EMPLOYEES TO CHARGE, THE ACCURACY OF THE MATERIALS BEING ORDERED AND A **TIMELY FINANCIAL SCHEDULE** OF PAYMENT ON ALL PROJECTS. PLEASE READ THE FOLLOWING TERMS OF BUSINESS AND SIGN THAT YOU AGREE TO COMPLY BY THESE POLICIES.

BILLING PERIOD

OUR BILLING PERIOD ENDS AT 4:00 PM ON THE 25TH OF EACH MONTH. A BILLING PERIOD RUNS FROM 26TH OF THE PREVIOUS MONTH TO THE 25TH OF THE CURRENT MONTH. EXAMPLE: PURCHASES MADE ON JULY 26TH WILL BE CLOSED OUT AUGUST 25TH AND BILLED AUGUST 26TH.

TERMS

"1% 10TH. Net 25th **"WHAT DOES THIS MEAN, SIMPLY?"** THE ACCOUNT BALANCE IS DUE ON THE 10TH OF EACH MONTH AND WE ALLOW A DISCOUNT INCENTIVE OF 1% *** (MATERIALS ONLY) FOR BALANCES PAID IN FULL. BY THE 10TH. YOU ARE THEN GIVEN A 15 DAY GRACE PERIOD BEYOND THE 10TH TO PAY YOUR ACCOUNT IN FULL (WITHOUT DISCOUNT), FINANCE CHARGES WILL BE ACCESSED, ON ANY UNPAID D BALANCES, ON THE EVE OF THE 25TH.

*** **WHEN USING A CREDIT CARD TO PAY YOUR STATEMENT, THE DISCOUNT WILL NOT BE ALLOWED.**

DEPOSITS

DEPOSITS WILL BE REQUIRED ON ALL JOBS SPECIFYING **"NO LENDER"**. YOU WILL BE REQUIRED TO MAKE A 25% DEPOSIT BEFORE START OF JOB (THIS AMOUNT IS DETERMINED BY TOTAL OF ESTIMATE/ SQUARE FOOTAGE). THIS DEPOSIT WILL BE HELD TILL JOB COMPLETION. (ie: OUR ESTIMATE IS \$ 100,000 THE DEPOSIT REQUIRED WILL BE \$25,000)

FINANCE CHARGES

FINANCE CHARGES ARE BASED ON "MONTHLY PERIODIC" RATE OF 2 PERCENT (24% APR). THESE CHARGES ARE ACCESSED ON THE EVE OF THE 25TH. ON ALL UNPAID BALANCES THAT HAVE PREVIOUSLY BEEN BILLED. **"ARE THESE CHARGES DUE IF I AM JUST ONE DAY LATE?" ABSOLUTELY.** YOUR ACCOUNT IS ACCESSED ONCE A MONTH AND ALL PREVIOUSLY BILLED BALANCES WILL BE ACCESSED. FINANCE CHARGES ARE DUE AND PAYABLE IN FULL BEFORE NEW CHARGES WILL BE ALLOWED.

ADMINISTRATIVE FEES

ANY REQUESTS BY YOU, **THE ACCOUNT HOLDER**, REQUIRING "LABOR HOURS" OF ACCOUNTING DEPT., ON YOUR ACCOUNT, CAN BE SUBJECT TO MINIMUM ADMINISTRATIVE FEE OF **\$50.00**

RETURNED CHECKS

ALL RETURNED CHECKS WILL BE SUBJECT TO A **\$30.00** RETURN FEE, DUE IMMEDIATELY. IF MORE THAN 3 OFFENSES, THE ACCOUNT WILL BE CLOSED PERMANENTLY.

LIEN PROCEDURE

ANY ACCOUNT SHOWING A 45 DAY DELINQUENCY WILL BE CLOSED AND A PAYMENT SCHEDULE WILL BE EXPECTED TO BE SUBMITTED BY YOU, THE ACCOUNT HOLDER. WITHIN 7 DAYS OF THE DELINQUENT INQUIRY. A MECHANIC'S LIEN WILL BE FILED AFTER 60 DAYS DELINQUENCY IF NO RESPONSE FROM YOU, THE ACCOUNT HOLDER, AND /OR WE ARE IN DANGER OF LOSING LIEN RIGHTS ON A PARTICULAR PROJECT. **ALL COURT/ATTORNEY/ LEGAL FEES WILL BE DUE AND PAYABLE BY YOU., THE ACCOUNT HOLDER.**

OUTSOURCING OF COLLECTIONS

IF DELINQUENT BALANCES ON YOUR ACCOUNT ARE OUTSOURCED TO A COLLECTION AGENCY, **ALL FEES WILL BE PAYABLE BY YOU, THE ACCOUNT HOLDER.**

YOUR SIGNATURE STATES YOU HAVE READ AND AGREE TO THE ABOVE TERMS.

DATE

PRINT - NAME OF ABOVE SIGNER

***** PRE-LIEN INFORMATION NEEDED *****

PLEASE FILL OUT COMPLETELY AND RETURN PROMPTLY.

ACCOUNT: _____
ATTN: _____

DATE: _____
PLEASE RETURN BY: _____
REQUESTED BY: _____

TYPE OF CONSTRUCTION new construction room addition / garage deck
Or repairs

GENERAL CONTRACTOR: _____
JOB CODE _____
CONT. LICENSE # _____
PHONE: _____

SUB-CONTRACTOR _____
(ADDRESS) _____
SUB CONT. LICENSE # _____
PHONE: _____

LEGAL OWNERS: _____
(Full Name and Address) _____

MUST HAVE LEGAL OWNER'S PHONE: _____

LENDER: _____ (IF NO LENDER, A DEPOSIT WILL BE REQUIRED)
(ADDRESS) _____
PHONE : _____
LOAN # _____

OFFICER _____	DATE _____
<input type="checkbox"/> VERIFIED LOAN	

LUMBER ESTIMATE \$ _____

LEGAL JOB DESCRIPTION: _____
(ADDRESS) _____

BUILDING PERMIT # _____
PARCEL # _____ - _____ - _____

**** SIGNATURE FOR LOAN VERIFICATION** _____
(NEED SIGNATURE OF LOANHOLDER TO COMMUNICATE WITH LENDER, THANK YOU) SIGNATURE & PRINT NAME

***** FAX/EMAIL COMPLETED FORM TO ROBIN *****

FAX # (916) 635-0467 EMAIL: robin@waysidelumber.com

CALL LOG: HOME/OFFICE # FAX# CELL EMAIL

1ST REQ _____
2ND REQ _____
3RD REQ _____
4TH REQ ******* ACCOUNT WILL BE CLOSED UNTIL INFORMATION RECEIVED *******

WAYSIDE LUMBER
PRE-LIEN REQUIREMENTS

THE PRELIMINARY 20-DAY NOTICE (PRIVATE WORK) DOCUMENT IS REQUIRED BY THE STATE OF CALIFORNIA TO BE FILED BY SUPPLIERS WHO ARE DELIVERING MATERIALS TO ANY JOB. WAYSIDE LUMBER IMPLEMENTS AND ENCOURGES THIS DOCUMENT AS IT IS A SIMPLE PROTECTION FOR THE CONTRACTOR, HOMEOWNER AND THE SUPPLIER.

IDEALLY, WE ASK THAT YOU, THE ACCOUNT HOLDER, FAX THE COMPLETED FORM, SUPPLIED IN YOUR CREDIT APPLICATION, TO US BEFORE THE START OF YOUR JOB. IF YOU DO NOT, WE WILL RESPECTFULLY REQUEST THE PERTINENT INFORMATION FROM YOU, THE ACCOUNT HOLDER. WE ALLOW THE MAXIMUM OF 10 DAYS FOR YOU TO RESPOND WITH A COMPLETED FORM. IF WE DO NOT RECEIVE A RESPONSE, YOUR ACCOUNT WILL BE CLOSED AND THE BALANCE OF THE PARTICULAR JOB IN QUESTION WILL BE EXPECTED TO BE PAID IMMEDIATELY. WE HAVE ONLY 20 DAYS FROM THE 1ST LOAD DELIVERED TO COLLECT INFORMATION AND MAIL OUR CERTIFIED NOTICES TO ALL PARTIES AND WE DEPEND 100% ON YOU, THE ACCOUNT HOLDER, FOR THE INFORMATION, THIS IS WHY WE MUST TAKE IMMEDIATE ACTION IF COMMUNICATIONS FAIL.

HAVING A "30 DAY" ACCOUNT IS NOT RELATIVE TO THE ABOVE DOCUMENT IMPLEMENTATIONS. THE "20 DAY" LIMIT IS 20 DAYS... AND MANY TIMES YOUR BILLING WILL NOT BE SENT OUT TILL WELL AFTER THAT CUTOFF, HENCE, EXPLAINING OUR RATHER AGGRESSIVE PURSUANCE OF THIS INFORMATION.

LASTLY, IF YOU SO DESIRE THAT PRE-LIEN NOT BE FILED ON A PARTICULAR JOB THEN WE WILL INSIST ON PAYMENT IN FULL BEFORE SHIPPING.

_____ (INITIAL PLEASE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS)

RE: DEPOSIT REQUIREMENTS

IN REGARDS TO ALL NEW JOBS HAVING "NO LENDER" STATUS, WE WILL REQUIRE 25% DEPOSIT UPON START OF SUCH JOBS OR A CREDIT CARD TO PAY AS WE MAKE DELIVERIES. THE DEPOSIT WILL BE HELD TILL END OF JOB. IT THEN CAN BE APPLIED TO LAST BILLING OR WILL BE REFUNDED WHEN JOB IS PAID IN FULL.

THE PRE-LIEN PROTECTION IS VERY LIMITED WHEN THERE IS "NO LENDER" INVOLVED AND WE CANNOT AFFORD TO EXTEND OURSELVES FINANCIALLY. WE DO APPRECIATE YOUR LOYAL PATRONAGE.

THANK YOU!

_____ (PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENT).

AUTHORIZATION TO CHARGE

I, _____, AUTHORIZE THE
(CONTRACTOR OR HOMEOWNER)
FOLLOWING EMPLOYEES, _____
_____, TO CHARGE
LUMBER NEEDS TO MY WAYSIDE LUMBER ACCOUNT. I
AM RESPONSIBLE FOR THE LUMBER BILLING AND
THE PROMPT PAYMENT OF ALL MATERIALS TO THIS
JOB.

THE JOB ADDRESS SPECIFICS ARE: _____

_____.

IF ANY CHANGES TO THIS AUTHORIZATION, I WILL NOTIFY
WAYSIDE LUMBER IN WRITING.

(SIGNATURE) (DATE)

(PRINT NAME)

U.S. MERCHANT CARD SERVICE
INFORMATION SHEET FOR PHONE CHARGES
MUST HAVE COMPLETE INFORMATION BELOW TO RUN CHARGE

NAME ON CARD _____

AMOUNT \$ _____ (if asks for sales tax, ENTER!)

CARD # _____ - _____ - _____ - _____

EXPIRATION ____/____

SECURITY CODE _____ (3 DIGIT ON BACK, FOR AX, 4 DIGIT ON FRONT)

PO # enter 1

INVOICE # _____

BILLING ADDRESS (# ONLY, no street name needed) _____

BILLING ZIP _____

PHONE # (in case an issue w/ card) (_____) _____

RECEIPT REQUESTED:

:

MAILED TO: _____

OR FAX # _____

OR EMAIL _____

**PLEASE COMPLETE FORM IF DESIRE “30 DAY” ACCOUNT TO PAY
AUTOMATICALLY ON THE 10TH OF THE MONTH. THANK YOU.**