



LODGE LUMBER COMPANY, INC.  
5001 OATES RD  
HOUSTON, TX 77013

Off: 713-672-6679  
Acct. Fax 713-673-3317  
LodgeAcc@lodgelumber.com

TO: ACCOUNTS PAYABLE DEPARTMENT  
SUBJECT: CREDIT APPLICATION

On behalf Lodge Lumber Company, Inc., I would like to thank you for your interest in doing business with our company.

Along with this letter is a copy of our Credit Application. Our Credit Policy requires this form to be completed and retained in our files. Our **payment terms** are **1% 10 days, Net 30** from the date of invoice. Any account exceeding credit terms is subject to credit hold and/or account closing.

Your account will **NOT** be approved for credit unless this Letter and our Credit Application are signed and returned. This is our assurance that you understand and agree to our credit terms. If you have any questions, please don't hesitate to call.

Thank you,  
Lodge Lumber Co., Inc.

Carolyn M. Piel

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**LODGE LUMBER COMPANY, INC.**

P.O. BOX 96589, HOUSTON, TEXAS 77213-6589

(LODGE)

(713) 672-6679 Acct. Fax: (713) 673-3317

[LodgeAcc@lodgelumber.com](mailto:LodgeAcc@lodgelumber.com)



**APPLICATION FOR CREDIT**

DATE: \_\_\_\_\_

*\*PLEASE PRINT OR TYPE. COMPLETE ALL ITEMS ON THE APPLICATION\**

BUSINESS INFORMATION

**LEGAL NAME OF FIRM:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**ENTITY TYPE:** ( ) Corporation ( ) LLC ( ) Partnership ( ) Joint Venture ( ) Proprietorship ( ) DBA

**P.O. BOX #** \_\_\_\_\_ **FAX NO.** \_\_\_\_\_

City State Zip

**LEGAL ADDRESS:** \_\_\_\_\_

Street City State Zip

How long at present address? \_\_\_\_\_ Is this a branch or headquarters? \_\_\_\_\_

**IF branch/division**, location of home office \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

Street City State Zip

**SHIP TO ADDRESS:** \_\_\_\_\_

Street City State Zip

**TYPE OF BUSINESS:** \_\_\_\_\_ **YEARS IN BUSINESS:** \_\_\_\_\_

**ARE PURCHASE ORDERS REQUIRED?** \_\_\_\_\_ **ESTIMATED MONTHLY PURCHASES** \_\_\_\_\_

CONTROLLER/ACCOUNTS PAYABLE

**CONTACT NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

OWNER/OFFICER INFORMATION

**NAME:** \_\_\_\_\_ **PH #** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

Street City State Zip

**NAME:** \_\_\_\_\_ **PH #** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

Street City State Zip

**TRADE REFERNCES**

**\*\*\*List trade suppliers that you have had a credit line for at least 3+ months. (i.e., Building Materials, Fasteners, etc. NOT Rental Companies)\*\*\***

**NAME**                      **PHONE**                      **FAX**                      **EMAIL**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Bankruptcy Information**

HAVE YOU OR ANY OF YOUR PARTNERS/OFFICERS/MEMBERS EVER FILED OR PARTICIPATED IN A FILING IN BANKRUPTCY? \_\_\_\_\_ IF SO, WHAT YEAR? \_\_\_\_\_ STATE \_\_\_\_\_

Name petition filed under: \_\_\_\_\_

**CONSTRUCTION BONDING INFORMATION**

(Please See "Job Information Sheet")

**BANKING REFERENCE**

NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

DO YOU HAVE CHECKING \_\_\_\_\_ LENDING \_\_\_\_\_ C/D'S \_\_\_\_\_ OTHER \_\_\_\_\_

IF YOU HAVE NO LENDING WITH THIS BANK, WHO IS YOUR LENDING INSTITUTION?

NAME: \_\_\_\_\_ OFFICER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ANNUAL GROSS REVENUES \$ \_\_\_\_\_**

FOR AND IN CONSIDERATION of the extension of credit for the purchase of goods, materials, and services, the undersigned Applicant(s) agree(s) :

- To furnish any additional financial information, including but not limited to current financial statements, personal or corporate, from time to time as requested by the credit grantor, and to inform credit grantor of any material changes in the condition of the Applicant (firm).
- To pay any amounts due within stated terms for services, rentals, and/or products as purchased, and applicant understands that credit can be suspended at option of credit grantor for payments not so paid. All amounts are due and payable at 5001 Oates Rd, Houston, Harris County, Texas, 77013.
- To pay service charges or interest at the rate of 1 ½ % per month (or the maximum rate as allowed and permitted by applicable law) on any and all balances that are past due per the stated terms for payment. It is understood and agreed that it is not the credit grantors intent to charge a usurious interest rate, and, it is determined that the service charge may be considered usurious, any amount considered usurious will be applied to the unpaid principal debt. If no principal debt remains, the credit grantor will refund such amount. It is agreed that there will be no further liability on the part of the credit grantor.
- To pay reasonable collection fees, including but not limited to reasonable attorneys fees and expenses, if account is placed with attorney/agency to collect outstanding balances.
- To grant, and hereby grants, to Lodge, to secure the payment and performance in full of all obligations owed by Applicant, a security interest, including but not limited to a purchase money security interest, in, and so pledges and assigns to Lodge, the following properties, wherever located, whether now or hereafter acquired or arising, and all products and proceeds thereof: any and all property acquired from Lodge, whether by purchase or otherwise, including but not limited to said property as may be deemed to be inventory.
- All sales are deemed to be under this agreement and monies owed by Lodge, Inc. may be used to recoup any monies due and owing by Applicant. Any separate contract or purchase order on separate projects is deemed as an addendum or supplement to the credit application.
- That the transaction(s) to be made under this agreement are deemed to be transfers and/or exchanges for reasonable equivalent value.

- Any and all obligations under this agreement shall be performed in Harris County, Texas. The laws of the State of Texas shall apply.

All proprietors, general partners, members, and/or guarantors hereby, individually understand that Lodge may and hereby authorize Lodge to check my (their) credit, both consumers and commercial, and authorize any party receiving a credit inquiry from Lodge to release any information requested to Lodge.

**Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national 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 right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this creditor is the Federal Trade Commission.**

I (we) understand that this extension of credit is only for the use of the Applicant and any use by any other person or entity is a violation of this agreement. If at any time I (we) authorize any other person or entity to charge on my (our) credit account, I (we) will remain liable for any and all charges, known or unknown, and I (we) understand that my (our) credit privileges may be suspended or withdrawn without further notice.

I (we) understand that the information furnished you on this application is for the purpose of obtaining credit from Lodge. That I am (we are) authorized, in my (our) capacity, to bind Applicant accordingly. I (we) further represent that I (we) have the financial ability and willingness to pay all invoices within the established terms.

**APPLICANT NAME:** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

WITNESS

**PRINT NAME & TITLE:** \_\_\_\_\_

**PERSONAL GUARANTEE**

In consideration of credit being extended to the above named Applicant. I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, complete and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given or the terms may be rearranged, extended and/or renewed without notice to me. I (we) also authorize you to investigate my (our) credit history, personal and business, and authorize any party receiving an inquiry from you to release any information requested to you. I will, within five (5) days from date of notice that the account is past due, pay the amount due. Venue for collection of this account is Houston, Harris County, Texas.

\_\_\_\_\_, the undersigned, hereby consent(s) to Lodge Lumber Company, Inc. use of a non-business consumer credit report/information on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantors(s) in connection with the extension of business credit as contemplated by a credit application. The undersigned hereby authorize(s) Lodge Lumber Company, Inc. to utilize a consumer credit report/information on the undersigned from time to time in connection with the extension or continuation of the business credit report represented by the credit application. The undersigned as (an) individual(s) hereby knowingly consent(s) to such credit report/information consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C.@1681 et seq.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_/\_\_\_\_\_  
INDIVIDUALLY PRINT NAME

\_\_\_\_\_/\_\_\_\_\_  
DRIVERS LICENSE # SS#

\_\_\_\_\_  
WITNESS

\_\_\_\_\_/\_\_\_\_\_  
INDIVIDUALLY PRINT NAME

\_\_\_\_\_/\_\_\_\_\_  
DRIVERS LICENSE # SS#

ACCEPTED AND APPROVED (for office use only)			
_____ SIGNATURE	_____ PRINT NAME	_____ TITLE	_____ DATE



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5001 OATES RD  
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Attn: Accounts Payable

Dear Customer:

Our accounting software system allows us to Email or Fax invoices in order to expedite them more efficiently. Please indicate if you would like to have your invoices Emailed or Faxed, or if you still require them to be mailed.

**Company Name:** \_\_\_\_\_

**A/P Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

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

**Please check the appropriate box:  Email**

**Fax**

**Mail**

**(note: Emailed or Faxed invoices DO NOT have a signed receiver)**

Signature: \_\_\_\_\_

Thank you,

Carolyn M. Piel  
Credit Manager