



GOBBLE-FITE Lumber Company., Inc.

Decatur (256) 353-5713
Huntsville (256) 539-7446
Fax (256) 340-721 2

CONSUMER CREDIT APPLICATION

MATERIAL TO BE USED FOR:

New Construction Addition or Remodel General Home Improvement

AT THE FOLLOWING LOCATION, if applicable:

Lot _____ Block _____ Subdivision _____ Street Address _____

City _____ County _____

In City Limit Yes No Contractor Name: _____

Construction Lender, if applicable: _____

Amount of Credit Desired: _____

INFORMATION ABOUT APPLICANT

First _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Other Cell Voice Pager

Social Security Number _____ Date of Birth _____

Rent _____ Own _____

Address of Landlord _____

Mortgage Company, if applicable _____

How long at present address _____

First previous address _____

How Long? _____

Second previous address _____

How long? _____

EMPLOYMENT RECORD

Present Employer: _____ How long? _____ Earnings _____ () wk () mo. () yr

Department: _____ Supervisor _____

Former Employer: _____ How long? _____ Earnings _____ () wk () mo. () yr

Other income \$ _____ Source of other income _____

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered for repaying this obligation. \$ _____

Nearest Relative not living with you _____

Name	Relation	Address	Phone No.
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INFORMATION ABOUT JOINT APPLICANT OR OTHER PARTY

First	Middle	Last
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Address	City	State	Zip Code
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Social Security Number	Date of Birth
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Relationship to Applicant: _____ Home Phone _____ Business Phone _____

Present Employer: _____ How long? _____ Earnings _____ () wk () mo. () yr

BANK REFERENCES

Bank: _____

Name	Address	Phone Number
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Account Number _____ Contact: _____

Bank: _____

Name	Address	Phone Number
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Account Number _____ Contact: _____

CREDIT REFERENCES

Creditor	Account #	Balance	Payment Amount	How Paid
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Creditor	Account #	Balance	Payment Amount	How Paid
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Creditor	Account #	Balance	Payment Amount	How Paid
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Creditor	Account #	Balance	Payment Amount	How Paid
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I/we understand that, as a consideration for the extension of credit, the above listed company may file a Preliminary Notice of Lien Rights.

The above information is for the purpose of obtaining credit and I/We certify that the information is true and correct. I/We authorize you to verify this information and/or obtain additional information by obtaining data from a credit reporting agency. In consideration for the credit extended we, the undersigned, agree to be liable for all indebtedness, plus interest and reasonable attorney fees, for the collection of same if not paid when due and expressly waive all rights of exemption secured to me (us) by the Constitution or Laws of the United States.

I/We authorize _____
to make purchase in my/our name and charge the same to my/our account.

Signature of Applicant

Date

Signature of Co-Applicant

Date

OFFICE USE ONLY

() Approved _____

Date _____

() Rejected _____

Date _____

Credit Limit _____

Comments: _____
