Richards BUILDING SUPPLY
Building relationships since 1978SM

Corporate Campus
12070 W 159th Street, Homer Glen, IL 60491
Phone: 773-586-7777 Fax: 773-586-7781
Email: Creditapp@richards-supply.com

Branch Location

COD/CASH ACCOUNT APPLICATION

DATE: _____

INDIVIDUAL /BUSINESS NAME: _____ DATE EST.: _____

ADDRESS: _____ P O BOX _____

CITY _____ STATE _____ ZIP _____

EMAIL: _____ PHONE: _____ FAX NUMBER: _____

DRIVERS LIC. #: (IF INDIVIDUAL) _____ STATE OF ISSUE _____

TYPE OF BUSINESS: __CORPORATION __PARTNERSHIP __SOLE PROPRIETOR __ LLC

NAME OF PRINCIPAL/ OFFICER (#1): _____ TITLE: _____

DRIVERS LIC. #: _____ STATE OF ISSUE _____

HOME ADDRESS: _____

CITY _____ STATE _____ HOME PHONE: _____

NAME OF PRINCIPAL/ OFFICER (#2): _____ TITLE: _____

DRIVERS LIC. #: _____ STATE OF ISSUE _____

HOME ADDRESS: _____

CITY _____ STATE _____ HOME PHONE: _____

PRIMARY BANK: _____ CHECKING ACCT #: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

AGREEMENT

I am and will continue to be financially able to meet any commitments I have made or may make, and will pay this account according to your terms. I understand that a monthly service charge of 2% will be assessed on any past due amounts and in the event that any collection action is brought against this account, I agree to pay all costs and reasonable attorney fees. The undersigned consents to Richards Building Supply Company and/or affiliated companies obtaining a consumer credit report and bank reference on the President of the corporation/ LLC /partnership or the sole proprietor for the purpose of evaluating the creditworthiness of said business or individual.

DATE: _____, 20_____ _____