## Home Builder Credit Application

Applicant's Signature:

Business Name:Business Mailing Address:				Sentonville  Rogers  Fayerteville  MADD S O
Business Phone: Ce				1TESTYLLS  hting Hardware Furniture
Nature of Business:			Home Builds	Per Year:
ACCOUNTING			Year Busines	s Started:
ACCOUNTING				
Accounts Payables Contact:				
A/P Phone: A/F	P Email:			
OWNERSHIP				
Name of Owner / Principal:				
Home Address:				
Phone:	Email:			
Social Security Number:			DOB:	
Credit Card Number (required*):				Exp.:
TRADE REFERENCES				
Lumber Supplier:			Phone: .	
Contact Name:		Email:		
Concrete Supplier:			Phone:	
Contact Name:		Email:		
Brick Supplier:			Phone:	
Contact Name:		Email:		
Flooring Supplier:			Phone:	
Contact Name:		Email:		
By signing below, I certify that the foregoing is correct and hac credit and finincial history through any reasonalbe means. If confidelivery of product. *In the event my account becomes 75 camount of any past due invoice amount(s).	redit is approv	ed, l'agree to i	make full payment o	on all billed invoices within 30 days
Email this application to: Payables@OklahomaLifeStyles.com				