

Jacksonville
723 School Drive ~ PO Box 369
Jacksonville, AR. 72076
Ph: 501-982-2156
Fax: 501-982-6866



Greenbrier
80 S. Broadview St. ~ PO Box 895
Greenbrier, AR. 72058
Ph: 501-679-3265
Fax: 501-679-2208

Cabot
340 Arena Rd. ~ PO Box 1088
Cabot, AR. 72023
Ph: 501-843-7009
Fax: 501-843-1429

Individual Credit Application

Full Name: _____ Amount Requested: _____

Date of Birth: _____ Social Security No: _____

Email Address: _____

Spouse's Full Name: _____

Date of Birth: _____ Social Security No: _____

Present Street Address: _____ Number of Years: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Pager: _____ Mobile: _____

Present Employer: _____

Employer's Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Spouse's Employer: _____

Employer's Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Authorization to Charge: 1. _____ 2. _____

3. _____ 4. _____

Bank Reference:

Name of Bank: _____ Account No: _____

Address: _____ Savings No: _____

_____ Telephone: _____

Loan Officer: _____

Name of nearest relative not living with you: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

TERMS OF CREDIT AGREEMENT

The undersigned as an inducement to grand credit warrants that the information that has been submitted is true and correct. I understand the account balance is due and payable in full by the 10th of the following month and that any outstanding balance is subject to service charges.

Applicant Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

WRITTEN AUTHORIZATION TO RELEASE INFORMATION

For the purpose of obtaining credit, I hereby authorize the release of any information to **Whit Davis Lumber Plus**.

Authorized Signature: _____ Title: _____

For Office Use Only

Date Received _____ Salesman _____

Date Processed _____ Acct. # _____

Approved By _____ Acct. Type: _____

Date Approved _____ Rating _____

Credit Limit _____ Terms _____