



5732 S 49th W Ave
 Tulsa, OK 74107
 (539) 664-4642
 dustin@building-solutions.us

CREDIT APPLICATION

Name: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip _____

Phone: (_____) _____ Cell: (_____) _____

E-mail: _____ @ _____

Employer: _____ Employed Since: _____

Title: _____ Work Phone: (_____) _____

Credit Line Requested: \$ _____

Bank Reference

Bank Name: _____

Bank Contact: _____

Bank Phone: (_____) _____

Construction Loan # _____

I certify that the above information is true and correct. I understand payment of monthly balance is due on the 10th of the month following purchase. Past due terms: a finance charge will be assessed on past due balances at a rate of 1.75% (21% annual rate). I understand that if payment on materials is not made in full, Building Solutions, LLC can legally file a materials lien on the building and premises on which the materials were used.

I give my permission to check the references and for them to release information regarding my account above and to check my credit history.

I, (Name) _____ for and in consideration of your extending credit at my request hereby personally guarantee to you the payment at Building Solutions, LLC in the State of Oklahoma any obligation I hereby agree to bind myself to pay you on demand any sum which may become due to you. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity. I do hereby waive notice default, non-payment and notice hereof and consent to any modification of renewal of credit agreement hereby guarantee.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Office Use Only

Terms: _____ P/L: _____

Salesman

Finance Charges: _____

Acct #

Approved Credit Limit: \$ _____

Credit Manager Approval: _____ Date: _____



PAPERLESS BILLING SIGN UP



Building Solutions is pleased to offer our customers Paperless Billing. Complete and return the form below to enroll. Enrolled participants receive via e-mail their invoices daily and statements on the first of the month.

Customer Name: _____

Billing Address: _____

Phone: () _____ **Cell:** () _____

Please enroll me in the Paperless Billing Program. I understand that my enrollment is strictly voluntary and will remain in effect until I cancel my participation in writing. I understand and agree that:

I will no longer receive a paper bill delivered to the address on file by the U.S. Post Office.

I will receive my monthly Building Solutions bill in the electronic mail inbox address that I provide below. It will be sent on or before the first business day of every month as long as I am enrolled in this program.

All related Building Solutions policies regarding my due date remain in force and are applicable to all customers, regardless of the type of bill received. Failure to receive a paperless bill does not waive past due penalty. If necessary, an electronic late notice will be sent to my e-mail inbox.

I will notify Building Solutions immediately, or no later than the 25th calendar day of the month, if my e-mail address changes or I wish to discontinue paperless billing.

By my signature below, I/we acknowledge and agree to the above.

Signature: _____ **Date:** _____

Please send my monthly bill to this e-mail address (please print):

_____ @ _____