

Personal application for credit and agreement for credit terms. All items must be completed to be considered.

Office Use Only



# CHACE BUILDING SUPPLY

90 Route 171 • P.O. Box 489 • Woodstock, CT 06281 • 860.928.2747  
 16 Route 74 • P.O. Box 70 • Willington, CT 06279 • 860.487.6204

Date	Terms
Salesman	Credit Limit
Approved By	Date

Credit Requested \$ \_\_\_\_\_ Financing arranged at: \_\_\_\_\_

Doing construction at \_\_\_\_\_ Lot # \_\_\_\_\_ Plat # \_\_\_\_\_

Applicant First Name (please print)				Middle Name		Last Name		Social Security #		Phone	
Co-Applicant First Name (please print)				Middle Name		Last Name		Social Security #		Phone	
E-mail Address								Cell Phone #			
Billing Address Street City State Zip					How Long		<input type="checkbox"/> Own Mortgage Balance \$ _____ <input type="checkbox"/> Rent Rent Amount \$ _____				
Home Address (if different) Street City State Zip					How Long		Mortgage Holder _____ Landlord Name _____				
Former Residence (2 Years) Street City State Zip					How Long						
Applicant's Employment					How Long		Position		Gross Income		<small>You do not have to disclose alimony, child support or (separate) maintenance income if you do not want it considered as a basis for repayment</small>
										<input type="checkbox"/> Wk <input type="checkbox"/> Mo	
Address											
Co-Applicant's Employment					How Long		Position		Gross Income		<small>You do not have to disclose alimony, child support or (separate) maintenance income if you do not want it considered as a basis for repayment</small>
										<input type="checkbox"/> Wk <input type="checkbox"/> Mo	
Address											
Name, Address, and Phone # of Nearest Relative Not Living With You										Relationship	
Bank				Type of Account				Account #			

### Credit References

Applicant			Co-Applicant		
Firm			Firm		
Phone #	Balance	Monthly Payment	Phone #	Balance	Monthly Payment

By signing below, I/we agree to repay all amounts, including those in excess of the credit limit, which may become due and payable to Chace Building Supply of CT, Inc., ("you"), I/we agree to the terms stated on the back of this application and credit agreement ("agreement"), I/we promise that what I have told you on this agreement is true and complete, and I/we authorize you to verify employment, income and other information I/we have provided and to acquire current copies of my/our credit bureau reports.

Date	Date
Applicant Signature	Applicant Signature
Print Name	Print Name
Driver's License Number	Driver's License Number

Important: See reverse side for billing rights.

By signing the front of this agreement I/we agree to all of its terms and conditions including the following:

Each of us is legally responsible for repaying the entire amount owed to you, no matter which one of us made the charges, and to pay all legal and other costs of attempting to collect payment from us with lawful interest on those costs.

I/We also agree to pay **FINANCE CHARGES** on past due amounts at a **MONTHLY PERIODIC RATE OF 1.50%** or \$0.50 per month, whichever is greater, which is an **ANNUAL PERCENTAGE RATE OF 18%**. You will calculate the **FINANCE CHARGES** each month by multiplying the balance due that has not been received by you before the first day of the next month by 1.5%. This balance will be determined by taking the amount owed at the beginning of each month, adding all charges I/We make during the month and subtracting all payments you receive during the month. Payments will be due the first day of each month.

For example, if I/We charge \$500.00 on February 10 and \$200.00 on February 28, our balance due at the end of February would be \$700.00 and this amount would be due on March 1st. If (you)(did not) receive payment by March 30, you would charge us \$10.50 (\$700.00 times 1.5%) on April 1 and each month thereafter until I/We made payment. No **FINANCE CHARGES** will be imposed if I/We pay the full amount owed before the first day of the next month.

Chace may cancel this account at any time. Chace may change the terms of this agreement at any time, including the annual percentage rate. The changes will apply to all unpaid balances in my/our account.

### **YOUR BILLING RIGHTS KEEP THIS NOTICE FOR FURTHER USE**

This notice contains important information about your rights and our responsibilities under the fair credit billing act.

Notify us in case of errors or questions about your bill.

If you think there is an error on your bill, or if you need more information about a transaction, write us at the address shown on your bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us but doing so will not preserve your rights.

In your letter, give us the following information:

Your name and account number, the dollar amount of the suspected error, and a description of the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

### **YOUR RIGHTS AND OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE**

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as a delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.