EDDYVILLE • ALBIA
FALVEY LUMBER
EST. 1905

CREDIT APPLICATION FOR A PERSONAL ACCOUNT

PERSONAL CONTACT INFORMATION					
NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:		EMAIL:			

CREDIT INFORMATION		
TYPE OF ACCOUNT:		ACCOUNT NUMBER:
CHECKING		
SAVINGS		
OTHER		

PERSONAL LOANS/CREDIT CARD REFERENCES					
COMPANY NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE:		EMAIL:			
TYPE OF ACCOUNT:					
COMPANY NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE:		EMAIL:			
TYPE OF ACCOUNT:					

List all authorized purchasers for this account:

Authorized purchaseres on the account will be asked to sign at each purchase.

AGREEMENT:
1. By Submitting this application, you authorize Falvey Lumber and Hardware tomake inquiries into the banking and business/trade references you have supplied.
2. I agree by signing this application that I will make payment in full each month.

SIGNATURES	
PRINTED NAME:	
SIGNATURE:	
DATE:	

Please keep all your contact information accurate and up to date. We mail statements monthly. The balance is to be paid in full by the 10th of the following month. For billing inquiries, please contact Cierra Bowersock at 641-969-4814.

Updated:12/22/25