EDDYVILLE · ALBIA
FALVEY LUMBER
EST. 1905

CREDIT APPLICATION FOR BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION					
Company Name:					
Company Contact:					
AP Contact:				Phone:	
Company Address:		City/State:		Zip Code:	
Date Business Started:		Email:			
Business Type:	Sole Proprietorship	Partnership	Corporation		
If Other:					

CREDIT INFORMATION			
Bank Name:			
Bank Address:	City/State:	Zip Code:	
Phone:	Email:		
TYPE OF ACCOUNT:	ACCOUNT NUMBER:		
CHECKING			
SAVINGS			
OTHER			

Business/Trade 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. All invoices are to be paid **30 days** from the date of the invoice. Monthly Statements are **DUE IN FULL 10 days after the statement date**. Finance Charges begin accuring **30 days** after the invoice date and are **PAID FIRST** prior to

invoices.

2. Claims arising from invoices must be made within 7 business days to 641-969-4814.

3. By Submitting this application, you authorize Falvey Lumber and Hardware to make inquiries into the banking and business/trade references you have provided. **THIS AGREEMENT IS NOT BE ALTERED OR CHANGED IN ANY WAY. IF THIS AGREEMENT IS ALTERED THE ACCOUNT WILL NOT BE CREATED.** By signing below you agree to all terms of this agreement.

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