



Dear Home Account Applicant,

Thank you for your interest in establishing a charge account with our company. We appreciate the prospect of assisting you with all of your building and home improvement needs.

Once the application is completed, return it in its entirety to the corporate credit department located at 4055 Santa Rosa Ave., Santa Rosa, CA 95407 or by facsimile to (707)584-0411 attn: New Accounts.

For protection against possible fraud, please include a copy of the signer's picture identification.

Thank you again for your business, we appreciate the chance to serve you.

Sincerely,

New Account Processing  
Corporate Credit Department

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**Corporate Credit Department**  
4055 Santa Rosa Ave, Santa Rosa, CA 95407-8222  
Phone: 707.588.7686 ♦ Fax: 707.584.0411  
Mailing Address: P.O. Box 2107, Rohnert Park, CA 94972-2107



4055 Santa Rosa Ave · Santa Rosa, CA 95407-8292 · (707) 588-7683 · Fax (707) 584-0411

**HOME ACCOUNT CREDIT APPLICATION**

**APPLICANT**

**CO-APPLICANT** (If joint account)

NAME: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHYSICAL ADDRESS: \_\_\_\_\_  
(If different from above) STREET CITY STATE ZIP

HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE / PAGER: ( ) \_\_\_\_\_

**PROPERTY INFORMATION**

Time at residence: _____ yrs _____ mos	Mortgage Holder:
MORTGAGE PAYMENT: \$	Account Number:
BALANCE OF MORTGAGE: \$	Address Phone # ( )
PROPERTY MARKET VALUE: \$	APN#

**APPLICANT INCOME INFORMATION**

**CO-APPLICANT INCOME INFORMATION**

EMPLOYER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP  
PHONE #: ( ) \_\_\_\_\_  
TIME EMPLOYED: \_\_\_\_\_ yrs \_\_\_\_\_ mos  
EMPLOYMENT INCOME: \$ \_\_\_\_\_  
OTHER INCOME: \$ \_\_\_\_\_  
(Source: \_\_\_\_\_)

EMPLOYER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP  
PHONE #: ( ) \_\_\_\_\_  
TIME EMPLOYED: \_\_\_\_\_ yr \_\_\_\_\_ mos  
EMPLOYMENT INCOME: \$ \_\_\_\_\_  
OTHER INCOME: \$ \_\_\_\_\_  
(Source: \_\_\_\_\_)

**CREDIT HISTORY**

BANK / CREDIT UNION:	BRANCH:
CHECKING ACCOUNT #	SAVINGS ACCOUNT #:
LOANS? YES NO (Please circle one)	
HAVE YOU OR YOUR SPOUSE FILED BANKRUPTCY IN THE PAST 7 YEARS? YES NO	
(If yes to above, please list year _____ and county _____)	

**NEAREST RELATIVE/FRIEND NOT LIVING WITH YOU**

NAME RELATION  
STREET ADDRESS CITY  
STATE ZIP PHONE# ( )

NAME RELATION  
STREET ADDRESS CITY  
STATE ZIP PHONE# ( )

**ALL INFORMATION MUST BE COMPLETE**

I AUTHORIZE THE FOLLOWING PURCHASERS :	MONTH/DAY OF BIRTH
NAME	

**CREDIT TERMS AND CONDITIONS OF FRIEDMAN BROS. HARDWARE**

1. In consideration of extension of credit by Friedman Bros. Hardware (hereinafter referred to as Friedman's), I/we agree to the following terms and conditions. It is understood that all information, as stated by applicant, is accurate and confidential. It is agreed that in the event of any material change of corporate officers, partners, or financial condition, Friedman's will be notified in writing.
2. The undersigned agrees:
  - a) To pay all invoices from Friedman's when due. TERMS: NET 10TH OF MONTH FOLLOWING PURCHASES.
  - b) Payment of invoices must be in the form of check, money-order, cash, or ATM card. Friedman's does not accept credit cards or debit cards as payment on account.
  - c) That service charges shall accrue at the rate of 18% per annum on the declining unpaid balances, or the maximum amount permitted by law, if lower. Applicant agrees to pay a service charge of \$25.00 or maximum allowed by law for each check returned by their bank.
  - d) To authorize credit references and banks listed on this application to provide Friedman's with any and all information requested and to authorize Friedman's to obtain credit reports on the applicant(s) or the principal(s) from sources of its choice, at any time, at Friedman's sole discretion.
  - e) To accept full responsibility for all invoices delivered direct or to the job sites by Friedman's delivery department, sales representatives or manufacturers.
  - f) To authorize Friedman's to release the account information to inquiring third party companies in regard to credit and payment history.
3. If this application is not approved in full or if any other adverse action is taken with respect to the applicant's credit with Friedman Bros. Hardware, the applicant has the right to request within 60 days of Friedman Bros. Hardware's notification of such adverse action, a statement of specific reasons of such action, which statement will be provided within 30 days of said request. The federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance programs; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Federal Trade Commission, Washington, D.C.
4. In the event of suit or any other legal and/or administrative action brought by the parties herein to enforce their legal right, the prevailing party thereunder is entitled to recovery of reasonable attorney's fees and court costs. Further, venue of said litigation shall be Sonoma County, State of California.
5. I/we personally guarantee payment of any and all indebtedness of the above account, and agree to be bound by the above terms and conditions. This guarantee shall be absolute, continuing, and irrevocable, unless revoked in writing by certified mail and receipt is acknowledged by seller. In the event of suit or any other legal action necessary to enforce this guarantee, Friedman's is entitled to recovery of reasonable attorney fees and court costs. I/we authorized Friedman's to obtain a consumer credit report.

Signature \_\_\_\_\_ SSN \_\_\_\_\_ Date \_\_\_\_\_  
APPLICANT (PROPERTY OWNER)

Signature \_\_\_\_\_ SSN \_\_\_\_\_ Date \_\_\_\_\_  
CO-APPLICANT

**\*\*\*We require a clear copy of the applicant's and/or co-applicant's valid California driver's license before obtaining a personal credit report. This procedure is intended to protect against identity fraud. Please be prepared to show identification when applying.\*\*\***

<b>FOR OFFICE USE ONLY</b>		
Approved by _____	Credit limit \$ _____	Date _____



CALIFORNIA PRELIMINARY INFORMATION FORM  
Fax# 707-584-0411

ALL INFORMATION MUST BE COMPLETE

DATE:	SALES PERSON:	ACCOUNT NAME:	CUST #:
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**JOB ADDRESS:** STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ASSESOR'S PARCEL #: \_\_\_\_\_

VERIFIED

SUBDIVISION NAME/LOT #: \_\_\_\_\_

REMODEL  NEW CONSTRUCTION

**OWNER OF PROPERTY:**  
AS NAME APPEARS ON THE TITLE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_ Lic # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**SUB CONTRACTOR NAME:** \_\_\_\_\_

**LENDER/ SOURCE OF FUNDING:** \_\_\_\_\_

\*\*\* IF OWNER FINANCED, INCLUDE BANK CONTACT OR BANK CONFIRMATION LETTER \*\*\*

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EXT \_\_\_\_\_

BANK ACCT/LOAN#: \_\_\_\_\_ CONTACT: \_\_\_\_\_

VERIFIED

EST PURCH AMOUNT: \$	APPROX LENGTH OF JOB:
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FOR OFFICE USE ONLY:

JOB P/B:	ORDER DATE:	DEL. DATE:
APPROVED/DATE	INPUT BY:	DATE INPUT:
		Prelim report: