

PERSONAL HOME CREDIT APPLICATION



P.O. Box 159
Mauldin, SC 29662
864-288-6754
864-675-5983 (FAX)

P.O. Box 1833
Anderson, SC 29622
864-225-0555
864-675-5980 (FAX)

P.O. Box 2582
Hendersonville, NC 28793
828-697-2471
828-697-5739 (FAX)

148 S. Main Street
Six Mile, SC 29682
864-868-9900
864-868-4488 (Fax)

Applicant(s): _____
Street Address: _____ P.O. Box: _____
City: _____ State: _____ ZIP: _____ Phone: _____

APPLICANT INFORMATION: Name: _____
Employer: _____ Phone: _____ How Long? _____ Monthly Income: _____

SPOUSE INFORMATION: Name: _____
Employer: _____ Phone: _____ How Long? _____ Monthly Income: _____

CONSTRUCTION LENDER

Loan Amount: \$ _____
Name: _____
Address: _____
City: _____
State: _____ ZIP: _____
Loan Officer: _____

CREDIT REFERENCES

Reference	Phone #
1. _____	_____
2. _____	_____
3. _____	_____

Appraisal Value of House: \$ _____ Square Feet: _____

Is land paid for? Yes No If No, how much is owed? \$ _____

Property in name of: _____

Property description: (Or attach copy of deed): _____

Lot#: _____ Block: _____ Subdivision: _____ County: _____

Directions to Property: _____

Name of Contractor: _____ Phone #: _____

Is contractor authorized to charge to your account? Yes No

GBS Sales Representative: _____

PLEASE READ CAREFULLY

The person(s) whose name(s) appears on Page 1 of this Personal Home Credit Application (the Applicant(s) and to whom an open line of credit may be extended, will be notified in writing, and agree as follows:

1. Payment terms are NET 10th unless stated otherwise on each invoice.
2. A \$25 handling charge is assessed to checks returned uncollected.
3. The foregoing statements and accompanying financial statements are correct and were provided to induce GBS to extend open account credit to the Applicant(s). The Applicant(s) agrees that a faxed copy of this signed credit application shall be enforceable as an original.
4. In the event of non-payment and the institution of legal proceedings, the Applicant(s) agrees to bear the expense of all legal proceedings, plus a reasonable attorney's fee equal to 15% of the outstanding balance.
5. All obligations and liabilities of the Applicant(s) hereunder shall be joint and several.
6. Credit policies are subject to change at the discretion of the credit department. Upon acceptance of this application, and the issuance of an open line of credit, THE APPLICANT(s) agrees to abide by such credit policies of GBS as are in effect from time to time.
7. Permission is granted as evidenced by my (our) signature(s) below, for GBS or its agents to contact the references listed hereon, or any other source for the purpose of obtaining credit information. The creditor, bank, or lending institution contacted has my (our) permission to furnish GBS with any and all information requested. In addition, I (we) hereby acknowledge the information provided on pages 1 and 2 of this application is complete and accurate.

BOTH APPLICANT AND SPOUSE SIGNATURE REQUIRED

Signature of Applicant: _____ SSN: _____ Date: _____

Signature of Applicant: _____ SSN: _____ Date _____

