



Sorrento Lumber Company, Inc.

P.O Box 146 Sorrento, LA 70778 | Phone: (225) 675-5375 | Fax: (225) 675-2752
 Email: ar@sorrentolumber.com | Website: sorrentolumber.com

INDIVIDUAL CREDIT UPDATE FORM

APPLICANT INFORMATION

Name:		Phone:
Date of Birth:	SSN:	Driver's License Number:
Mailing Address:		
Street Address:		
Current Employer:		Employer Phone:

CO-APPLICANT INFORMATION

Name:		Phone:
Date of Birth:	SSN:	Driver's License Number:
Mailing Address:		
Street Address:		
Current Employer:		Employer Phone:

INVOICES/STATEMENTS

Invoices to be: <input type="checkbox"/> Emailed <input type="checkbox"/> Faxed	Email:	Fax:
To sign up for 24-hour online account access for invoices and statements, visit https://myaccount.sorrentolumber.com/		
Sorrento Lumber Salesperson:		Desired Credit Limit:
Delivery Address:		
Parish:	Subdivision:	Lot Number:

AUTHORIZED PURCHASERS

1.	3.	5.
2.	4.	6.

TERMS AND CONDITIONS

I/We the undersigned, acknowledge that all purchases made from SORRENTO LUMBER COMPANY, INC. shall be due and payable on the 10th of the month following purchase unless agreed to otherwise in writing. A service charge of 1.5% per month (18% annual percentage rate) will be added to the unpaid balance after 30 days from statement date until payment is received. There is no return privilege, exchanges, or cancellations on any special-order material; all sales are final, and deposit is non-refundable.

"I/We, the undersigned, hereby agree that in the event of default in the payment of any amount due, past, present, and future if this account is placed in the hands of an agency for collection or an attorney for legal actions, to pay an additional charge equal to the cost of collection including agency and reasonable attorney fees and court costs incurred and permitted by laws governing these transactions."

I/We certify that all the information is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signature of Applicant	Print Name	Date
Signature of Co-Applicant	Print Name	Date

We cannot process an application without the applicable signatures
Email a copy of your Driver's License and this completed application to ar@sorrentolumber.com