



Wickes Lumber

A Division of The Wickes Corporation

CONTRACTOR—COMMERCIAL CREDIT APPLICATION

DATE 9-10-75

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WICKES SALES CENTER LOCATION _____

BUSINESS NAME Shaffer Enterprises PHONE 704 258-1079
 STREET ADDRESS 109 N. Main St. (Bldg to Remodel) P.O. BOX _____
 CITY Greenville STATE S.C. ZIP _____ Proprietorship Partnership Corporation

NAME OF OWNER OR PRINCIPAL OFFICER Darwin Shaffer S.S. # 178-20-2046
 Address 238 Midland Dr. City Asheville State N.C. Zip _____
 Name of Accounts Payable Business Manager Sarner

Date Business Started New Net Worth \$1,400,000 Annual Sales _____ Number Employees _____
 Subcontract Labor YES NO Subcontract Trades YES NO
 TYPE OF BUSINESS: Gen. Contractor Sub. Contractor Remodeling Other Describe Owner-Builder

METHOD OF OPERATION: Speculation _____ % Contract _____ \$ Currently buying a number of
 BUILDINGS PER YEAR BY TYPE: Garages Homes Commercial Other (Describe) down town properties
to remodel and retain ownership of.
 IF APPLICABLE TAX EXEMPT # _____
 IF CONTRACTOR STATE LICENSE NUMBER _____ ESTIMATED MONTHLY PURCHASES \$ 5,000.00

BANK REFERENCES

<p>(Commercial Bank)</p> <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan NAME <u>Southern Bank</u> Address <u>P.O. Box 1329</u> City and State <u>Greenville S.C.</u> Phone <u>255-8471</u> Zip <u>29602</u> Account # <u>Loan #</u> Officer to Contact <u>Charlene Matelock V.P.</u>	<p>(S and L or Mortgage Banker)</p> CONSTRUCTION AND MORTGAGE LOANS NAME <u>N.C.N.B.</u> Address <u>Mercimon Ave Branch</u> City and State <u>Asheville N.C.</u> Phone _____ Zip _____ Account # <u>Many Accounts</u> Officer to Contact <u>Roy McAlister Mgr.</u>
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PRIMARY BANK REFERENCES: Note: 100% funding for this project is thru Southern Bank

NAME _____ Address _____ City and State _____ Account # _____	NAME _____ Address _____ City and State _____ Account # _____
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NAME _____ Address _____ City and State _____ Account # _____

NAME our primary bank is Address _____ City and State N.C.N.B. Account # _____

NAME _____ Address talk to Bank Mgr. City and State he knows us well. Account # _____

I submit for WICKES CREDIT DEPT consideration the above information to establish a "CREDIT ACCOUNT". If approved I agree to make payment to the Wickes Sales Center on the designated due date following date of purchase as indicated on the monthly customer's statement. It is understood that a delinquent account will cause credit to be suspended and a delinquency charge of 2% or less as permitted by law will be assessed and indicated on each monthly customer's statement. It is further understood that failure to pay according to terms may result in a Materialman's lien being filed. If any legal action is instituted to collect amounts owing for the material purchased hereunder or to recover the material purchased hereunder, the prevailing party shall be entitled to recover in addition to all other damages, a reasonable attorneys fee. Purchases and/or deliveries are herewith authorized to be made without signature. I acknowledge that my signature hereon authorizes the above named financial institutions to furnish credit information to Wickes Lumber.

Billing can be paid anytime upon invoices or request for payment.

Business Name Shaffer Enterprises
 By Darwin Shaffer Applicant's Signature and Title

FORM 1147C-R-7-82

