

CREDIT APPLICATION

LIMBACK LUMBER CO.

2600 N.W. MARKET ST. SEATTLE, WA. 98107

(206) 782 3487 • (206) 782 4844 FAX

DATE _____

FULL NAME OF FIRM OR INDIVIDUAL

STREET

CITY & STATE

ZIP CODE

YEARS IN BUSINESS

PHONE

FAX

CELL

INDIVIDUAL ACCOUNT

EMPLOYER: _____ PHONE: _____

OCCUPATION: _____ YEARS EMPLOYMENT _____

BUSINESS ACCOUNT

OWNERSHIP: CORPORATION PARTNERSHIP PROPRIETORSHIP

OWNER(S) NAME(S) _____

DESCRIPTION OF BUSINESS _____

DO YOU USE P.O. NUMBERS OR JOB NAMES? _____

IF CONTRACTOR—ARE JOBS BONDED? _____ BOND # _____

IF SO: BONDING AGENCY _____

ADDRESS _____

CONTRACTOR'S LICENSE NUMBER _____

**NOTE: IF YOUR PURCHASES ARE FOR RESALE, BE SURE TO SEND
THE NEW WASHINGTON STATE "RESELLER PERMIT".**

REFERENCES (Give only names of those you buy from on open account)

Name _____

Address _____ City _____ Phone _____

Name _____

Address _____ City _____ Phone _____

Name _____

Address _____ City _____ Phone _____

Name _____

Address _____ City _____ Phone _____

Name _____

Address _____ City _____ Phone _____

Names of persons authorized to charge on this account: _____

Are these persons authorized to charge tools? _____

Reason for wanting to open an account with us: (Job in area?) _____

Were we recommended to you by a customer or relative? _____

If so, by whom? _____

Your estimate of the dollar amount you expect to purchase from us per month _____

CORPORATE GUARANTEE

THE UNDERSIGNED BEING AN OFFICER/DIRECTOR/SHAREHOLDER OF THE APPLICANT CORPORATION DO HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS AND ASSUME PERSONAL RESPONSIBILITY FOR PAYMENT OF SAID CORPORATION'S ACCOUNT, AND GUARANTEE IN FULL THAT THE SAID ACCOUNT WILL PROMPTLY BE PAID. IT IS UNDERSTOOD THAT CREDIT WOULD NOT BE EXTENDED TO SAID CORPORATION WITHOUT THIS ASSUMPTION OF LIABILITY AND GUARANTEE.

Notice: The following is provided for your information. Please read the credit plan and do not sign this agreement before you do so.

1. To pay each invoice by the tenth of the following month.
2. To pay a 1 ½% service charge on any invoices past due.
3. To pay attorney's fees in the event that collection efforts become necessary.

signature

Note: You must sign and mail or fax this to us. Do not e-mail this, as we require a signature.