



WOOD MATERIALS, L.L.C.

APPLICATION FOR CHARGE ACCOUNT

Date: _____ Line of Credit Requested \$ _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax: _____

Owner's Name: _____

Accounts Payable Name: _____

Federal Tax I.D. Number: _____

Type of Business: _____ How Long in Business: _____

Email Address: _____

Billing Address if Different from above: _____

Please list credit references you are currently doing business with:

1. Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Individual: _____

2. Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Individual: _____

3. Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Individual: _____

Bank and Branch: _____ How Long: _____

Phone: _____ Fax: _____ Account: _____

Officer: _____ Checking _____ Savings _____ Other _____

Person Applying for charge Account: _____

Signed

This Application will be kept in your confidential file if account is established. Please notify the office at the above address if there are any changes in the above information. How did you here about us?