

Singer Lumber Co, Inc.
CREDIT APPLICATION FOR A BUSINESS/INDIVIDUAL ACCOUNT

BUSINESS CONTACT INFORMATION

Individual name:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company(or home) address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

******* FAX COMPLETED FORM TO 608-935-9619... ALLOW 5 DAYS FOR PROCESSING *******

Date of Application:			
Cell Number:			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid by the 10th of each month.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Singer Lumber Co., Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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