



# BUSINESS APPLICATION FOR CREDIT

**MITCHELL LUMBER CO.**  
**NE 23681 HWY 3**  
**P.O. BOX 310**  
**BELFAIR, WA 98528**  
**getwood@mitchelllumberco.com**  
**360-275-2090 – FAX 360-275-3050**

ACCOUNT NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
CELL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

PARTNERSHIP     SOLE PROPRIETOR     CORPORATION     LLC

DATE BUSINESS STARTED: \_\_\_\_\_ BOND NO: \_\_\_\_\_

ADDRESS \_\_\_\_\_

UBI# \_\_\_\_\_ WA State Resellers Permit# \_\_\_\_\_

**Please include a copy of your resellers permit. Without a valid resellers permit Mitchell Lumber Co will collect sales tax on all purchases.**

### OFFICERS OR PRINCIPALS:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

### CREDIT REFERENCES

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account#: \_\_\_\_\_

#### Trade/Credit references

1. Firm: \_\_\_\_\_ Account# \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Firm: \_\_\_\_\_ Account# \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Firm: \_\_\_\_\_ Account# \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**AUTHORIZED PURCHASERS:**

Please list all persons authorized to charge on your account (if not completed; only the principals will be authorized to purchase):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are the following required?:

**Purchase order?** Yes\_\_\_ No\_\_\_  
**Job Name?** Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
**Job Address?** Yes\_\_\_ No\_\_\_ \_\_\_\_\_

Other special requirements:

\_\_\_\_\_  
\_\_\_\_\_

Have you or a company you own ever declared bankruptcy? \_\_\_\_\_ If so when? \_\_\_\_\_

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Anticipated highest monthly purchasing: \$\_\_\_\_\_

**Terms and Conditions of Account**

I (we) the undersigned, affirm that the information on this application is true and correct and authorize Mitchell Lumber Company to obtain any information that is required for processing of this application.

Statements will be sent to the email address provided unless you request otherwise.

Billing is through the end of the previous month. Accounts are due on the 10th of the month following purchase. Interest is charges at the rate of 1-1/2 % per month on all past due accounts. The minimum service charge is \$1.00. If this account is placed for collection, the undersigned agrees to pay all attorney fees and costs of collection. Should your account be deemed by Mitchell Lumber Company to be insecure and a material supplier’s lien is filed or small claims court is required, I (we) agree to pay the cost of preparation and filing of said lien and court fees.

Limited liability company, Corporation and/or partnership accounts: If this account is opened by a any of these entities, an unconditional personal guarantee must be executed by owner of said entity and the owner’s spouse, if married.

The undersigned further warrants that all of the information above is correct, that credit terms have fully explained and been accepted, and the applicant promises to abide by the terms of this agreement.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**Unconditional Guaranty:**

This personal guaranty is made by \_\_\_\_\_, ("Guarantor") to and for the benefit of Mitchell Lumber Company. for payment of Mitchell Lumber Company business account established in the name of \_\_\_\_\_ ("Company").

Unconditional guaranty and repayment of account. Guarantor unconditionally and irrevocably guarantees timely payment of account under Mitchell Lumber Company's terms of sale and for any payment of damages, interest, attorney fees and costs as per the terms of sale.

Mitchell Lumber Company's right to proceed against other guarantors: Following the occurrence of default under the Terms of Sale, this Guaranty may be enforced against any/all Guarantors without limitation.

Attorney's fees and expenses: Guarantors agree to pay reasonable attorney's fees and all costs which Mitchell Lumber Company. may incur in enforcing this guaranty.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CREDIT REPORT AUTHORIZATION

### THE FOLLOWING MUST BE COMPLETED IN FULL

APPLICANT/GUARANTOR'S INFORMATION				
Last Name	First	M.I.	Social Security Number	Date of Birth
Present Address	City	State	Zip Code	
Day Phone ( )			Fax ( )	
Night Phone ( )			Email:	

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your **CREDIT REPORT** will be retrieved. I certify that the facts set forth in this application are true and complete. I agree that a complete investigation of all information on this application will not constitute invasion of privacy.

For office use only: Received by Date: _____ / _____ Created by / Date: _____ / _____
Sales Person: _____ Pricing: _____ Credit Limit: _____