



CHARGE APPLICATION

APPLICANT INFORMATION All information will remain confidential.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Years in Business _____

Email _____

Person Making Application _____
(if entity)

Title: _____

TYPE OF ACCOUNT

Individual Corporation LLC Other (specify) _____

Federal EIN: _____

or

Social Security #: _____

Tax Exempt (attach copy of exemption letter or certificate)

Resale (attach copy of Certificate of Resale)

OWNERSHIP (If applicable):

Name(s) of Officer(s) and Title Complete Address, City, State, Zip Phone

Name(s) of Officer(s) and Title Complete Address, City, State, Zip Phone

FINANCIAL:

Bank and Account Contact Bank Address, City, State, Zip Phone

CREDIT REFERENCES:

Name or Company Complete Address, City, State, Zip Phone

Name or Company Complete Address, City, State, Zip Phone



Do you require a purchase order? Yes No

No restrictions to charge will be placed on this account unless a specific list of authorized users is provided. Any changes to the list must be submitted in writing.

Proposed Initial Authorized Signers:

I/We certify that all the information provided in this form is correct. I/We understand that this application does not guarantee credit approval and approval of credit and the amount of credit granted is in the sole discretion of West Side Lumber. Furthermore, I/we understand that approval of credit by West Side Lumber shall require entering into a contract. I/We approve and authorize West Side Lumber obtaining information from the above references and a credit report on my company or if not an entity, a report on myself/us individually. If approved for credit and I/we subsequently request a renewal, update, or extension of the line of credit, West Side Lumber may request a new Charge Application or may request a new credit report without notice.

Name (Print): _____

Signature: _____

Title (If applicable): _____

Date: _____

PLEASE DO NOT WRITE IN SPACES BELOW – WEST SIDE LUMBER STORE USE ONLY

VERIFICATION:

References
Checked by: _____

Approved: _____ Declined _____

References Comments: _____

By: _____

Date: _____