



Office Use Only:

Salesman _____ Reviewed by _____

Customer No. _____ Date _____

CREDIT APPLICATION

4100 Washington Ave N. Minneapolis, MN 55412 · TEL: 612-521-4767 · FAX: 612-521-4785 · TOLL FREE: 800-292-4118

Legal Business Name _____ State Business ID _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Business Phone _____ Fax _____ Desired Credit Amount _____

Type of Business _____ Date Est. _____ Est. Annual Purchases: _____ Individual Partnership Corporation

Accounts Payable _____ Phone # _____ Email _____

Purchasing Agent _____ Phone # _____ Email _____

Name and complete address of owners or officers and their titles:

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Bank Reference:

Name _____ Address _____

Account # _____ Phone _____ Fax _____ Officer _____

Trade Supplier References:

Name: _____ Phone # _____ Email _____

1. _____

2. _____

3. _____

Are you exempt from sales tax? No Yes *If yes, a tax exemption certificate must be provided* State Tax ID# _____

PERSONAL GUARANTY: I, _____, located at _____ for and in consideration of your
 (Your Name) (Company Address)
 extending credit at my request to _____ (hereinafter referred to as the "Company"),
 (Company Name)

hereby personally guarantee to you the payment at Industrial Lumber & Plywood, Inc. in the State of Minnesota of any obligation of the Company and I hereby agree to bind myself to pay on demand any sum which may become due to you that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

➤ **APPLICANT SIGNATURE :** _____ Date: _____

OUR TERMS ARE: NET 30 DAYS FROM DATE OF INVOICE. A service charge of 1 ½% (18% APR) per month will be charged on all invoices over 30 days old. A \$20 charge will be added to all returned checks. I authorize you to verify and collect information on me, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. The application has been carefully prepared by the undersigned and is to my knowledge complete, accurate and truthful. If my account is accepted, I agree to pay according to Industrial Lumber & Plywood, Inc.'s terms of sale. I further agree to pay for collection costs and expenses including attorney's fees incurred by Industrial Lumber & Plywood, Inc. in collecting or attempting to collect such account.

➤ **APPLICANT SIGNATURE:** _____ Date: _____



**FAX & EMAIL
AUTHORIZATION**

Without your written authorization, we will not be able to correspond with your firm by fax and/or email.

Please complete this form and return it via fax number 612-521-4785, or by email to accounting@industriallumber.net

_____ (insert your company name) authorizes Industrial Lumber & Plywood, Inc. to **FAX** and/or **EMAIL** any and all information pertaining and relating to business conducted between our companies present and future. This includes but is not limited to quotations, proposals, lumber sale mailings, information, invoices, statements, acknowledgements, certificates of insurance, and any and all reasonable communication for conducting business.

I and / or my company would like to receive **invoices & statements** at the following email:

email: _____

I and / or my company would like to receive **monthly flyers** at the following email:

Do not wish to receive flyers.

Signature: _____ Date: _____

Title: _____

Company Name: _____

Address: _____ City: _____

State: _____ Zip: _____

How did you hear about Industrial Lumber & Plywood, Inc.?
