Express Ship 📒

Office Use Only:	
Salesman	Reviewed by
Customer No	Date

CI	RED	TIC	APP	LIC	AT	ION	
		marr			• • •		

4100 Washington Ave N. Minneapolis, MN 55412	• TEL: 612-521-4767	• FAX: 6	12-521-4785 · TOLL	FREE: 800-	292-4118
Legal Business Name		State B	usiness ID		
Billing Address		City	Sta	ate Zip	
Shipping Address		City	Sta	ate Zip	
Business Phone	Fax		Desired Credit Amor	unt	
Type of Business Date Est	Est. Annual Pure	chases:	Individual	Partnership	Corporation
Accounts Payable	Phone #		Email		
Purchasing Agent	Phone #		Email		
Name and complete address of owners or officers a	nd their titles:				
Name		Title			
Address		City	Sta	ate 2	Zip
Name		Title			
Address		City	Sta	nte 2	Zip
Are you exempt from sales tax? No Yes	If yes, a tax exemption	certificate	<i>must be provided</i> St	ate Tax ID#	
(Your Name)	_, located at	(Company Ad	dress) for a	and in considerat	ion of your
extending credit at my request to	mber & Plywood, Inc. in the State to you that this guaranty shall be	e of <u>Minneso</u> a continuing	ta of any obligation of the C and irrevocable guaranty an	d indemnity for	such
> APPLICANT SIGNATURE :			Dat	e:	
PRINTED NAME:	TITLE	:			
OUD TEDMS ADE. NET 20 DAVS EDOM DATE OF	NUVOICE				

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.

٨	APPLICANT SIGNATURE:		Date:
	PRINTED NAME:	TITLE:	

**Please complete back of application* \rightarrow



REFERENCES & COMMUNICATION

Bank Reference:					
Name			Address		
Account #	Phone	Fax	Officer		
Trade Supplier Refere Nan		Phone #	Email		
1					
2					
3					

(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 all reasonable communication for conducting business.

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

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

 \Box Do not wish to receive newsletters.

How did y	you hear al	oout Industrial	Lumber &	Plywood, Inc.?
-----------	-------------	-----------------	----------	----------------