

WOODWHOLESALE, INC.

30 N. Gould St, Ste N Sheridan, WY, 82801

+1 (888) 844-0123

accounting@woodwholesaler.com

Credit Application Form

BUSINESS CONTACT INFORMATION

Email		Date Business Commenced	
Company Name			
Physical Address			
Bill to Address			
Phone		Federal ID No.	
Fax		State Sales Tax Exemption No.	

CONTACT INFORMATION

Owner Name		Email	
Phone		Email	
Accounts Pay Name		Email	
Phone		Email	

BUSINESS/TRADE REFERENCES

Please List Your Lumber Trade References

Company Name		Phone	
Address		Fax	
City, State, ZIP CODE		E-mail	
Company Name		Phone	
Address		Fax	
City, State, ZIP CODE		E-mail	
Company Name		Phone	
Address		Fax	
City, State, ZIP CODE		E-mail	

AGREEMENT

- 1 Terms are 1%10 Days, Net 30. All invoices are to be paid 30 days from the date of the invoice.
- 2 Claims arising from invoices must be made within seven working days.
- 3 By submitting this application, you authorize Woodwholesaler Inc. to make inquiries into the banking and business/trade references that you have supplied.

We hereby apply for trade credit and agree to pay your account according to your terms of sale of 1%10 Net 30 ADI/ADF.

We further agree to pay all collection costs plus reasonable attorneys' fees in the event action is commenced against us for non-payments. We authorize Woodwholesaler Inc. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account.

SIGNATURES

Signature	
Name and Title	
Date	

Please return this form to accounting@woodwholesaler.com