

SR WOOD

CREDIT APPLICATION

ACCOUNT NAME	RETAIL	CONTRACT
ADDRESS	TEL.	
CITY	STATE	ZIP
MAILING ADDRESS IF DIFFERENT	FAX	
CREDIT LINE REQUIRED	BUYER	
SALES TAX PERMIT NO.	FEDERAL TAX NO.	YEARS IN BUSINESS
TYPE OF ORGANIZATION: PARTNERSHIP PROPRIETORSHIP CORPORATION		
STATE OF INCORPORATION		

PRINCIPALS:

1. NAME	POSITION
2. NAME	POSITION

BUSINESS BANK AFFILIATION:

ADDRESS	CITY	STATE	ZIP	TEL.
TYPE OF ACCOUNT	ACCOUNT NO.	CONTACT		

BUSINESS REFERENCES: ESTABLISHED CREDIT ONLY, PLEASE. NO PROFORMA, COD, OR CBD RESOURCES

1. NAME	ACCOUNT NO.			
ADDRESS	CITY	STATE	ZIP	TEL.
2. NAME	ACCOUNT NO.			
ADDRESS	CITY	STATE	ZIP	TEL.
3. NAME	ACCOUNT NO.			
ADDRESS	CITY	STATE	ZIP	TEL.

TO THE ABOVE NAMED CREDITORS, PLEASE CONSIDER THIS SIGNED APPLICATION AS MY PERMISSION TO RELEASE CREDIT INFORMATION TO SR WOOD, INC. FOR THE PURPOSE OF ESTABLISHING AN OPEN LINE OF CREDIT.

IN CONSIDERATION OF THE GRANTING OF CREDIT BY SR WOOD, INC. THE UNDERSIGNED ACKNOWLEDGES TERMS OF NET 30 DAYS AND UNCONDITIONALLY GUARANTEES PAYMENT FOR ALL PURCHASES MADE BY THE APPLICANT FIRM, PRINCIPALS, AND/OR AUTHORIZED BUYERS. IN ADDITION, THE UNDERSIGNED PAYMENT OF ANY LATE FEES AND COSTS OF COLLECTION INCLUDING ATTORNEY FEES.

NAME (PRINTED)	TITLE
SIGNATURE (REQUIRED)	DATE

SALES REP. _____

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