

CREDIT APPLICATION
BOONE COUNTY LUMBER
 1100 Rogers Columbia, MO 65201-4742
 Phone (573) 449-1251 Fax (573) 875-7999
 www.boonecountylumber.com

ACCOUNT NAME

ACCOUNT NUMBER

Name _____ Social Security # _____
 Address _____ P.O. Box _____
 City _____ State _____ Zip _____
 Phone _____ Mobile _____ Fax _____
 E-mail/Web _____

OFFICE USE

L	_____
D	_____
CC	_____
CL	_____
LS	_____
AM	_____
BC	_____
#	_____
CA	_____

Sole Owner, Proprietor [] Corporation [] Partnership []

Name of Owner/Officer(s) _____

Billing Address _____ Years in business _____

Employed by _____ Years employed _____

References: Bank _____ Officer _____

Suppliers 1) _____ 2) _____

Complete if new construction:

Construction Loan _____ Officer _____

Legal Description/Job address _____

Property is titled to _____

Each owner of this property hereby authorizes any other owner or agent to purchase materials in behalf of said owner. In consideration of the extension of credit to the above account, I personally guarantee payment of said account. All accounts are due and payable on 10th of the month following purchase. Should this account become past due, total account balance shall become due including any accrued interest and expenses incurred during the collection process, including attorney's fees. Applicant authorizes initial and periodic credit check as deemed necessary by creditor.

Signature _____ / _____
(ALL OWNERS MUST SIGN)

Taken by _____ Date _____

How would you like your invoices and Statements sent to you?

Mailed _____

Emailed _____ Email address for invoices _____

Both _____