

**APPLICATION FOR CREDIT**

LOGGERS & CONTRACTORS SUPPLY, INC.

500 Metcalf Street Building F-3 / Sedro-Woolley, WA 98284

Phone: 360.855.0855 Fax: 360.855.0747

Rhonda@lcsupply.net

Contact: Rhonda

Name of Business: \_\_\_\_\_

DBA: \_\_\_\_\_

Street Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How Long in Business: \_\_\_\_\_ Check one: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ other \_\_\_\_\_

Employer ID#: \_\_\_\_\_

**PLEASE PROVIDE RESELLER PERMIT FOR ACCOUNTS THAT DON'T PAY TAX.**

**CORPORATE INFORMATION**

President: \_\_\_\_\_ Phone: \_\_\_\_\_ Purchasing Agent: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ PO Required? \_\_\_\_\_

Accounts Payable Email address: \_\_\_\_\_

Email Invoices: Yes or No Email Statements: Yes or No

Name of Company Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct # \_\_\_\_\_

Contact Person: \_\_\_\_\_

**CREDIT REFERENCES**

**Name of Vendor/Supplier:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax # required : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account #: \_\_\_\_\_

**Name of Vendor/Supplier:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax # required : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account #: \_\_\_\_\_

**Name of Vendor/Supplier:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax # required : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account #: \_\_\_\_\_

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax # required : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account #: \_\_\_\_\_

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Sedro-Woolley WA 98284  
Phone (360) 855-0855  
Fax (360) 855-0747

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all charges in accordance with the terms of sale as specified on the invoices and further agree that any past due balance may be subject to a 1.5% per month (18% per annum) service charge on any unpaid portion. In the event my account is referred to a professional for collection, (collection agency or attorneys) I promise and agree to pay Seller's attorneys fees and collection costs, even though no suit or action is filed. However, if a suit or action is filed, the amount of such reasonable attorney's fees shall be fixed by the court or courts in which the suit or action, including any appeal therein is heard, tried or decided. Signature here by authorizes credit investigation and/or appropriate fees as listed above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

Our terms are: Net 20 days unless  
Noted otherwise on the invoice.

Thank you,

Bookkeeper