



1791 Vantage Hwy Ellensburg WA 98926 (509) 962-4000 Fax (509) 962-1650

BUSINESS CREDIT APPLICATION

Business Name: _____

Owner/President: _____ Phone #: _____

Contact Person (Accounting): _____ Phone #: _____

Contact Person (Sales): _____ Phone #: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Fax #: _____ Email: _____

Type of Business: Partnership: _____ Sole Proprietor: _____ Corporation: _____

Licensed and Bonded: ___ Yes ___ No Any Bankruptcies: ___ Yes ___ No

Bonding Company: _____ Amount of Bond: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Federal Tax ID #: _____ Bond #: _____

Is This Account Taxable?: ___ Yes ___ No **If No, please provide copy of Reseller Permit**

Have you ever had an account with Knudson Lumber? _____

Do you require a PO# or job name at POS?: ___ Yes ___ No

Will you require separate Job Accounts? ___ Yes ___ No

Number of Years Doing Business Under Current Business Name: _____

What Type of Project(s) are you doing? _____

Amount of Credit Needed Per Month? _____

Do You Pay by Invoice or Statement Total? _____

Do You Require Copies of Invoices? _____ Yes _____ No

If Yes, how would you like to receive them: _____ Email or _____ Fax

How would you like to receive your monthly statement: _____ Email or _____ Fax

Please provide email address or fax # for statement/ invoices: _____

Are you interested in accessing your account online? _____ Yes _____ No

CREDIT REFERENCES

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax #: _____

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax #: _____

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax #: _____

AUTHORIZED PEOPLE TO CHARGE ON ACCOUNT

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

I/We certify that the above information is correct and I/We agree to pay this account in accordance with your terms. (Net 10th – Statement balance due in full on the 10th of each month). I/We agree to pay for all charges incurred by those authorized to charge on this account, including any finance charges that may accrue. I/We authorize Knudson Lumber to verify this information and/or obtain additional information by securing data from a credit reporting agency (NACM).

Signed: _____ Date: _____

Signed: _____ Date: _____