

Business Information		
Name of Company		DBA
Ship To Address		
City	State	Zip Code
Phone Number	Fax Number	
Cell Number	Email Address	
Federal Tax ID #	Credit Amount Requested	
Are You Exempt From Sales Tax? *	State Sales Tax #	

Customer Information or Business Owner Information		
Name		
Street Address		
City	State	Zip Code
Phone Number	Fax Number	
Cell Number	Email Address	
Social Security #	Credit Amount Requested	
Driver's License #		

\* If yes, please attach a copy of your sales tax exemption certificate.

Bill To Address (if different than above)			
Street Address	City	State	Zip Code

Type of Account Please Check One:  Proprietorship  Partnership  Corporation  LLC  Personal  Other

If Partnership, Corporation or LLC: List Partners or Officers			
Owner of Business	Home Phone #	Owner / Manager of Business	Home Phone #
Street Address		Street Address	
City	State	Zip Code	City
			State
			Zip Code

Bank Reference			
Bank Name		Contact Person	
Street Address		Street Address	
City	State	Zip Code	Bank Account #
Account Type(s) - Please check all that apply: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan			

List Three Business References: (Please list employment and personal references if this is a new venture)			
(1) Name	City	State	Zip Code
Street Address	Phone Number	Fax Number	
(2) Name	City	State	Zip Code
Street Address	Phone Number	Fax Number	
(3) Name	City	State	Zip Code
Street Address	Phone Number	Fax Number	

**Customer/Business Signature** - Business Accounts Must Also Sign Guarantor Section Below

The undersigned Customer expressly acknowledges that he/she/it has read understands and agrees to be bound in all respects by the terms and conditions set forth above and on the reverse side of this Application. The undersigned Customer authorizes Simonson Lumber ("Simonson") to investigate the references listed pertaining to its credit and financial responsibility. I/we declare that I/we have examined this Application and to the best of my/our knowledge and belief it is true, accurate and complete, and I/we further declare that I/we have authority to sign the Application on behalf of the above Customer.

Signed	Printed Name	Title	Date
Signed	Printed Name	Title	Date

**Guarantors** - Must be signed if this is a business account

In consideration of the extension of credit to Customer, the undersigned personally guarantees payment of any and all obligations of the Customer to Simonson and agrees to the Application's terms, including the Security Agreement, Payment Terms and Guaranty set forth on the reverse side.

Signed	Printed Name	Date
Signed	Printed Name	Date