American Lumber

**Credit Application**

**Lumber Yard Location:1702 Ave G, White City OR 97503 Mailing: P.O. Box 2568, White City 97503**

**Mikalah.w@americanlumberllc.com** **541-830-8687**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you prefer to receive invoices/statements via email or mailing address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank References: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your Company a….**

* **Partnership**
* **LLC**
* **Corporation**
* **Sole Proprietor**

**PLEASE PROVIDE THE NAMES, ADDRESSES, PHONE NUMBERS AND FAX NUMBERS FOR ALL FOUR (4) CURRENT TRADE REFERENCES.**

I certify that the information I have provided is true and accurate to the best of my knowledge. I hereby agree to authorize American Lumber LLC to verify this information make credit inquiries. IF your credit application is approved, you understand that payments are due by the 20th every month. If paid on the 10th, you may deduct 1% off your bill. If American Lumber does not receive payments after the 30th of every month, a 1.5% fee will be added to each invoice. If no payments are received after 60 days, your account will be sent to Southern Oregon Collections.

( Print name, Date )

Signature