## Bloedorn Lumber Company – 116 Washakie Street – Lander, WY 82520-0960 Phone (307) 332-5500 Fax (307) 332-5599

## **COMMERCIAL CREDIT APPLICATION**

This form must be completely filled out on both sides before credit can be approved. Please print or type...Complete all questions, or answer N/A.

FIDM NAME			PHONE					
FIRM NAME STREET ADDRESS		P.O. BOX	FAX NUMBER					
CITY		STATE	ZIP					
MAILING ADDRESS								
SOLE OWNER?	DADTNEDSHID9		CORPORATION?					
TYPE OF BUSINESS								
	AXADI E	LENGTH OF BUSINESS						
PERSON IN CHARGE OF ACCOUNTS PAYABLE  ONLY TENSOR OF THE CONTRACT OF THE CONTR								
OWNERS – PARTNERS - OFFICERS								
NAME	TITLE	SOCIALS	SECURITY #					
HOME ADDRESS	T	T						
CITY	STATE	ZIP						
HOME PHONE		OFFICE PHONE						
	1	1						
NAME	TITLE	SOCIALS	SECURITY #					
HOME ADDRESS	T							
CITY	STATE	ZIP						
HOME PHONE	E OFFICE PHONE							
NAME	TITLE	SOCIAL	SECURITY #					
HOME ADDRESS								
CITY	STATE	ZIP						
HOME PHONE		OFFICE PHONE						
JOB SUPERVISOR		JOB NAME						
HOME ADDRESS								
CITY	STATE	1	ZIP					
HOME PHONE OFFICE PHONE								
	CREDIT RE	EFERENCES						
NAME NAME								
ADDRESS		ADDRESS						
CITY/STATE/ZIP								
PHONE			CITY/STATE/ZIP PHONE					
NAME		NAME						
ADDRESS		ADDRESS						
CITY/STATE/ZIP		CITY/STATE/ZIP						
PHONE		PHONE						
	FINANCIAL II	NFORMATION						
YOUR BANK		CHECKING ACCO						
		SAVINGS ACCOUNT #						
ADDRESS CITY/STATE/ZIP		MASTER CARD #						
PHONE		VISA CARD #						
BANK OFFICER		OTHER CARD#						
DAMA OFFICER UTILER CARD #								

**AMOUNT OF CREDIT REQUIRED: \$** 

Do you have, or have you had, any Judgments, Garnishments, or Bankruptcies? Yes No If so, explain:							
I/We, the undersigned, understand	the terms of an open account	with you to be:					
your statement, a <b>FINANCE CHA</b> which is an <b>ANNUAL PERCENT CHARGE of \$.50</b> will be charged equipment, material or supplies de	ARGE will be assessed. FIN. CAGE RATE OF 18% applie for all unpaid balances of \$3 livered without having receives tyour property by a subcontinuous property by a subconti	ANCE CHARGE is computed by ed to your ACCOUNT BALANCI 5.00 or less. –NOTICE TO OWN red from the contractor a waiver of	ot paid in full within 30 days from date of using a periodic rate of 1-1/2% per month, <b>E.</b> A minimum monthly <b>FINANCE NER.</b> If you pay the contractor for work or lien by all subcontractors, or evidence of Ve, the undersigned, agree to pay the				
		CHARGES) over sixty (60) days pawing PAYMENT OF THE ACC	ast due may be placed on a COD basis and COUNT IN FULL.				
		ENT OF MATERIALS PURCHA	SED AND SUBJECT TO APPLICABLE hts on all past due accounts.				
4. Responsibility for payment with	nin our credit terms rests with	n the Company or Individual to who	om the account was opened.				
5. Credit Terms and Policies are st	ubject to change without furth	her notification to the customer.					
I/We, the undersigned, agree to pro	ovide an updated financial sta	atement when requested by this com	npany.				
		nd financial information provided or information associated with the list	n this application may be investigated and ted account.				
I/We, the undersigned, do hereby a credit report for the purpose of eva			ion is being submitted to obtain a consumer				
			nd conditions stated herein and the account is action, including reasonable attorney's fees.				
I/We, the undersigned, do hereby of	ertify all statements made he	erein to be true and correct to the be	est of my knowledge.				
Signature:		Title:	Date:				
Signature:		Tilte:	Date:				
	TWO SIG	GNATURES REQUIRED	<del></del>				
Do Not Write Below This LineFor Office Use Only							
APPROVED	DISSAPPROVED	CREDIT LIMIT \$	ACCOUNT #				
CREDIT APPROVED BY	<u> </u>	DATE					
NOTES		<del>-</del>					