

Levee Lumber Inc

PO Box 88 * 523 Levee Street
Hoquiam, WA 98550

Phone: 360-532-1850 Fax: 360-532-9004

**BUSINESS CREDIT
APPLICATION & AGREEMENT
30-DAY ACCOUNT**

FOR OFFICE USE ONLY

Acct #		Opened		Resale Number	
PL	Class	Signatures	Cr Limit	Store #	LTR

PLEASE PRINT OR TYPE Incomplete form may result in denial of your application

Monthly credit amount requested: \$ _____ Date of application: _____

Individual Proprietorship Partnership LLC Corporation (If incorporated, State incorporated in: _____)

Company Name _____ Date business opened _____

Parent Company (If applicable) _____

Street Number _____ Street Name _____ Apt/Suite _____ PO Box # _____

City _____ State _____ Zip _____ Phone # _____

Cell Phone # _____ Fax # _____ E-Mail Address _____

Have you or your company applied for credit at Levee Lumber in the past? Yes No If yes, when? _____

INFORMATION ON BUSINESS PRINCIPALS

Incomplete information may delay or cause denial of this application.

Last Name _____ First Name _____ Middle _____ Suffix (Sr., Jr.) _____ Social _____

Address _____ Position _____

City _____ State _____ Zip _____ Phone # _____ Date of Birth _____

Last Name _____ First Name _____ Middle _____ Suffix (Sr., Jr.) _____ Social _____

Address _____ Position _____

City _____ State _____ Zip _____ Phone # _____ Date of Birth _____

Last Name _____ First Name _____ Middle _____ Suffix (Sr., Jr.) _____ Social _____

Address _____ Position _____

City _____ State _____ Zip _____ Phone # _____ Date of Birth _____

RETURN GOODS POLICY

Returns must be accompanied by invoice or sales slip. Merchandise must be in salable condition and returned within 30 days of purchase. Purchases paid with a credit card will be refunded to same. Any purchase made by a check must have cleared the bank prior to the refund.

Please turn page over, fill out all information and sign.

YOUR BANK INFORMATION

Your Bank _____ Phone _____ Contact _____

Street Address _____ City _____ State _____ Zip _____

**YOUR CREDIT REFERENCES
(No personal references, please)**

1) Business Name _____ Acct# _____ Phone _____ Contact _____

2) Business Name _____ Acct# _____ Phone _____ Contact _____

3) Business Name _____ Acct# _____ Phone _____ Contact _____

4) Business Name _____ Acct# _____ Phone _____ Contact _____

AUTHORIZED SIGNERS: You may choose to set your account up as a signature account. Charges will be accepted only from the person or agent printed below. Please submit changes to this list in writing. Please print or type in all names.

THE APPLICANTS ON THIS CREDIT APPLICATION AGREE THAT ALL PURCHASES MADE TO THEIR ACCOUNT ARE SUBJECT TO THE FOLLOWING CREDIT TERMS AND CONDITIONS AS WELL AS ANY TERMS AND CONDITIONS STATED ON THE INVOICE.

1. All sales will be C.O.D. until this credit application has been approved.
2. All purchases are due in full by the 10th of the month following the date of purchase. (Example: Invoices dated January 1 and January 31 are both due in full by February 10 and past due on February 11.)
3. No credit will be extended more than 30 days past the due date. All accounts with any balance 30 days past due will be subject to a credit hold. Any account with a history of delinquencies will be subject to a credit hold at any time.
4. Overdue accounts are assessed a monthly service charge of 1.5% (18% pr annum).
5. Seller may apply payments at it's sole discretion unless purchaser clearly indicates how funds are to be applied.
6. This credit application shall be governed by the laws of the State of Washington.

I/we certify that the information herein is true and correct and I/we agree to pay this account in accordance with Levee's credit terms. I/we agree to pay for all charges incurred by those authorized to charge on this account. If this account is in default and is assigned to a collection agency for collection, then I/we shall be liable for collection costs and fees including contingent collection fees charged by the collection agency in addition to principal, interest and all other charges owing on the account. If legal action is commenced, then Washington State law shall apply. Levee Lumber may place venue in the Superior Court of Grays Harbor County or Pierce County, Washington or any county of Levee Lumber's choice and the prevailing party shall be awarded its taxable costs and reasonable attorney fees. I/we, authorize Levee Lumber to verify information on this credit application by contacting other suppliers and obtaining credit information from time to time from a credit reporting agency.

Signed _____ Date _____

Signed _____ Date _____

PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS

In consideration for the credit extended to the above-listed corporation, the undersigned does hereby guarantee and agree to be personally liable for all indebtedness incurred by the corporation through any of its authorized agents.

Signed _____ Position _____

Signed _____ Position _____