



APPLICATION FOR CREDIT

BUSINESS NAME			TYPE OF BUSINESS	
			TAX ID NUMBER	
DELIVERY ADDRESS			DATE BUSINESS STARTED	
MAILING ADDRESS			TYPE OF GOODS SOLD	
CITY	STATE	ZIP	TAXABLE	
			NON-TAXABLE (ATTACH CERTIFICATE)	
PHONE ( )	FAX ( )		CREDIT LIMITED REQUESTED	
CORPORATION PARTNERSHIP INDIVIDUAL LLC OTHER	Have you or any of the principals in your company ever declared bankruptcy? Yes No EXPLAIN: _____		ESTIMATED SALES: CURRENT YEAR: \$ _____ 1 YEAR PRIOR \$ _____ 2 YEARS PRIOR \$ _____ COMMENTS: _____	
D & B NUMBER	NUMBER OF EMPLOYEES		FINANCIAL STATEMENT AVAILABLE YES NO ENCLOSED	
ACCT. PAYABLE CONTACT	PHONE ( )	FAX ( )	EMAIL	
BUYER NAME		PHONE	FAX	
<b>OWNERSHIP INFORMATION</b>				
Full name of owner(s) or officers of corporation: (List full home address & social security number for general partners or owners).				
Name	Position	Address	Social Security Number	
1.				
2.				
3.				
<b>TRADE REFERENCES</b>				
ACCOUNT	CITY, STATE	PHONE	FAX	
1.				
2.				
3.				
<b>BANK REFERENCES</b>				
BANK NAME	ADDRESS / CITY / STATE / ZIP		PHONE	FAX
CHECKING ACCOUNT #	SAVINGS ACCOUNT #			
<b>TERMS AND CONDITIONS</b>				
The undersigned hereby certifies that the information given on this application is true to the best of his/her knowledge and that he/she is authorized to submit this application on behalf of the above named business. The undersigned attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms: 1% 10 days, Net 30 from date of invoice. Applicant also agrees to pay reasonable attorney fees and all other costs of collection.				
If customer fails to make payment within thirty (30) days from the date of invoice, a delinquency charge of 1-1/2% per month of the delinquent balance shall be added to the sum due; said charge shall not exceed the lesser of 18% per annum or the highest maximum rate, if any, applicable to loans made to a business entity, according to the laws of the state which govern this transaction.				
Any suit or other legal proceedings arising in connection with your purchase of our products under this sales agreement may be brought in any court within the state in which the seller is located. You hereby consent to such court's personal jurisdiction over you and the laying of venue in such court, and you hereby waive any objections you may have concerning the same.				
The undersigned certifies that this application is being submitted for business use and authorizes release of credit information from the sources identified herein. In addition, the undersigned agrees to notify TYR Wood Products by certified mail of any change of ownership of the business and further agrees that the corporation or undersigned (whichever is applicable) will be liable for all purchases, until such notification is made.				
<b>BY</b>	<b>X</b>		<b>TITLE</b>	
(PRINT NAME)	(SIGNATURE)	(PRINT)		
<b>BY</b>	<b>X</b>		<b>TITLE</b>	
(PRINT NAME)	(SIGNATURE)	(PRINT)		

**PLEASE FAX COMPLETED APPLICATION TO THE ATTENTION OF OUR OFFICE MANAGER AT (971) 544-7380**

**400 SW Sixth Ave, Suite 600, Portland, OR 97204, USA | Phone: +1 503.828.9228 | Fax: +1 971.544.7380**