



Customer Account Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
LLC <input type="checkbox"/>	Corporation <input type="checkbox"/>
Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Bank References (Optional)

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Payment Terms: If credit is extended, I understand all invoices are due and payable to DG Lumber Group Inc. on or before the terms set forth. Prices charged are with expectation of payment being made within standard terms agreed upon. Past due invoices will be subject to a late payment charge of 1% of the invoice total for each month thereafter as an adjustment in the price. It is further agreed this will not affect DG Lumber Group Inc. right to demand payment and take action to collect past due amounts.

Signature

Date

Print Name

Print Company Name (if applicable)

Office Use Only:

Print Name:	Date:
Approved or Declined: Approved <input type="checkbox"/> Declined <input type="checkbox"/> (if declined provide comment below)	Sales Person:
Limit (\$):	
Comments:	