

# BAUMANN LUMBER

## CREDIT APPLICATION

### RETURN TO:

**Box 910**

**Fort Pierre, SD 57532**

**Phone: (605) 223-9762**

**Fax: (605) 223-9511**

Note: Please enclose a copy of your Resale Tax Certificate. It is necessary for us to have this in order to process your credit application. Thank you.

Customer Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If branch or division location of home office: \_\_\_\_\_

Type of business \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Owners or Officers

Position

| Owners or Officers | Position |
|--------------------|----------|
|                    |          |
|                    |          |
|                    |          |

Bank Reference

Acct #

Address

Phone

Officer

| Bank Reference | Acct # | Address | Phone | Officer |
|----------------|--------|---------|-------|---------|
|                |        |         |       |         |
|                |        |         |       |         |

### TRADE REFERENCES (please furnish address and phone numbers)

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I understand that the information furnished you is for the purpose of obtaining credit from your firm. That I am authorized, in my capacity, to bind my firm accordingly. I hereby authorize the bank and trade references listed above to release information regarding my accounts to BAUMANN LUMBER.

FIRM \_\_\_\_\_

SIGNED BY \_\_\_\_\_

DATE \_\_\_\_\_ TITLE \_\_\_\_\_