



CREDIT APPLICATION

Requested Credit Line: _____

1. Name: _____ SS# _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Cell Phone: _____ Present Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Position: _____ Name of Supervisor: _____

2. for Commercial Accounts Only

Business Name: _____ Address: _____

City, State, Zip: _____ Telephone: _____ Fax: _____

Federal ID# _____ Sales Tax Exempt#: _____ (Attach Resale Certificate) _____

Please list Principal(s) _____ Home Telephone #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____

*Please list on back side of application individuals authorized to use this account.

Is Business Property: _____ Owned _____ Leased (from Whom) _____

3. Bank Reference – Checking Account

Savings Bank Name: _____ Address: _____ Phone/Fax: _____

Loan-Bank Name: _____ Address: _____ Phone/Fax: _____

Checking-Bank Name: _____ Address: _____ Phone/Fax: _____

4. Supplier/Commercial Credit References: (Must be Local)

Name: _____ Telephone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Years Doing Business: _____ Account Number: _____ Credit Limit: _____

Name: _____ Telephone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Years Doing Business: _____ Account Number: _____ Credit Limit: _____

If credit is extended, please check below how you would prefer to receive your invoices and statements from Rathbun Lumber Company:

Email Email Address: _____

Fax Fax Number: _____

Mail Comment: _____

When you sign up for fax or e-mail, you will be able to receive your bills on a daily basis. Statements will be sent in the same fashion at the end of each month.

Should you choose mail; invoices will be mailed at the end of the month along with your statements unless other arrangements are made.

The following individuals are authorized to make changes to my account with Rathbun Lumber Company. I understand that all charges made to my account by any authorized individual will be my responsibility. I agree to notify Rathbun Lumber Company with any changes in authorization.

Authorized Individuals:

_____	_____
_____	_____
_____	_____
_____	_____

Authorization: I acknowledge the terms offered by Rathbun Lumber Company and agree to pay invoices within a 30 day period. The applicant authorizes Equifax Information Services, listed bank and credit references to give any and all necessary information to the creditor for the purpose of establishing credit. Rathbun Lumber Company reserves the right to conduct future credit checks at any time and to limit or terminate the credit arrangement without notice. Applicant agrees to pay late fees on the unpaid balance at the rate of 1.5% per month. In the event of default in any payment, the applicant agrees to pay all costs of collection, including reasonable attorney's fees, court costs and collection agency fees. In consideration of goods and services provided by Rathbun Lumber Company to the Applicant, the undersigned hereby unconditionally personally guarantees payment of all amounts due.

Signature of Applicant: _____ **Date:** _____

Please return your completed application to Rathbun Lumber Company or mail to:

Rathbun Lumber Co.
Attn. Credit Manager
43 State Street
PO Box 590
Presque Isle, ME 04769
207-764-4444
prathbun@rathbunlumber.com