



CREDIT APPLICATION

DATE: _____

COMPANY INFORMATION

COMPANY NAME: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 CONTACT NAME: _____
 TITLE: _____ FEDERAL TAX ID#: _____
 PH: _____ FAX: _____
 SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATION () OTHER ()

BANKING AND CREDIT INFORMATION

BANK NAME: _____
 BANK ADDRESS: _____
 CITY : _____ ST: _____ ZIP: _____
 ACCOUNT #: _____
 BANK CONTACT: _____ PH: _____

BUSINESS / TRADE REFERENCES

COMPANY NAME: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 CONTACT: _____ PH: _____ FAX: _____
 ACCOUNT TYPE: _____

COMPANY NAME: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 CONTACT: _____ PH: _____ FAX: _____
 ACCOUNT TYPE: _____

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice
2. Claims arising from invoices must be made within seven working days
3. By submitting this application, you authorize **Three Pines Tree Farm** to make inquiries into the banking and Business/Trade references that you have supplied.

SIGNATURES

 Title: _____ Title: _____
 Date: _____ Date: _____