



## CREDIT APPLICATION

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Date Business Established: Type of Business: \_\_\_\_\_

\_\_\_\_\_  
Corporation

\_\_\_\_\_  
Partnership

\_\_\_\_\_  
Individual

Corporate officers: President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Individual Owners/Partners:

Individual Owner: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Partnership: Partner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Tax ID # or Social Security #: \_\_\_\_\_

Name of accounts payable contact Person: \_\_\_\_\_

Billing Address(if different from the above): \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Is your company sales tax exempt? \_\_\_\_\_ yes (attach certificate)

\_\_\_\_\_ no

Has your company ever had credit with us before? \_\_\_\_\_ yes

\_\_\_\_\_ no

If yes, under what name? \_\_\_\_\_

Name of Authorized Purchaser: \_\_\_\_\_

Do you require a Purchase Order #? \_\_\_\_\_ yes \_\_\_\_\_ no

Who is your sales rep with Johnson Doppler Lumber \_\_\_\_\_

We fax or email our invoices and statements (circle one) email or fax

Please furnish us with the email address or fax number where you wish to receive your invoices and statements \_\_\_\_\_

**TRADE REFERENCES: (list only those you have bought from within the last year)**

**1. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax # required** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax # required** \_\_\_\_\_

**3. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax # required** \_\_\_\_\_

**4. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax # required** \_\_\_\_\_

**BANK REFERENCE:**

**Bank**

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Checking Account #** \_\_\_\_\_ **Loan Account #** \_\_\_\_\_

Conditions of Sale, Terms of Payment, Applicant and/or Co-Applicants Signature(s)

In consideration for any extensions of credit, purchaser agrees to the terms and to the conditions of sale shown on each invoice. Purchaser also agrees to pay a late charge rate equal to the maximum legal rate for contracts, or eighteen percent per annum, which ever is less, on the unpaid delinquent balance until the amount is paid in full. The purchaser also agrees to pay all costs of collection, including actual attorneys' fees and costs reasonably incurred by Seller. Purchaser agrees this agreement was entered into and is governed by the laws of the state set forth in the Seller's address below. Purchaser hereby affirms that the information contained in this application is true, complete and correct and that Seller is relying on this information if it makes the requested extension of credit. Seller is authorized to make any investigation of my/our credit and/or employment status, either directly or through any agency employed by Seller. Seller may disclose to any other interested parties, Seller's credit experience with my/our account. Seller may also keep this application sole discretion of Seller. Seller may terminate credit availability at its discretion without notice.

**Signed BY OFFICER OF THE COMPANY**

\_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Return To: Johnson Doppler Lumber Company, 3320 Llewellyn Ave, Cincinnati, OH 45223,  
Phone: (513)541-0050 Fax: (513)853-3112**