



3559 Front Mountain Road
Belleville, PA 17004
Phone: (717) 935-5753
Fax: (717) 935-9983

CREDIT APPLICATION

DATE:
COMPANY NAME:
ADDRESS:
STREET CITY STATE ZIP
TELEPHONE: FAX:
CORPORATION PARTNERSHIP PROPRIETORSHIP OTHER
FEDERAL TAX ID NUMBER: YEARS IN BUSINESS

NAME OF OWNERS/PRINCIPALS

NAME: ADDRESS: HOME PHONE: SOCIAL SECURITY NO:
NAME: ADDRESS: HOME PHONE: SOCIAL SECURITY NO:

BANK REFERENCES

BANK: ADDRESS: PHONE: ACCOUNT NO:
BANK: ADDRESS: PHONE: ACCOUNT NO:

TRADE REFERENCES

BUSINESS: ADDRESS: PHONE: FAX:
BUSINESS: ADDRESS: PHONE: FAX:

BUSINESS: _____

BUSINESS: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

ACCOUNT AUTHORIZATION

NAME OF AUTHORIZED AGENT:

SIGNATURE:

NOTE: Charges will be accepted only form the above listed person(s); any change in authorized agents must be submitted in writing.

I/We submit the information in this application for the purpose of obtaining credit from Mountainside Wood Products and certify this information to be true and correct. I/We agree to pay this account in accordance with Mountainside Wood Products credit terms. Any invoice not so paid will accrue interest at the rate of 1.5% per month. I/We agree to pay all charges incurred by those authorized to charge on this account. I/We authorize Mountainside Wood Products to verify the information within and/or obtain additional credit and/or financial information.

Authorized Signature

Title

Date

Authorized Signature

Title

Date

NOTE: If a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.
