

LAKESIDE LUMBER COMPANY

Salesperson _____

10600 SW TUALATIN SHERWOOD RD

TUALATIN, OR 97062

TELEPHONE: (503) 635-3693 ACCT DEPT FAX: (971) 224-2074

CREDIT APPLICATION

(TO BE COMPLETED BY OWNER, AUTHORIZED PARTNER OR CORPORATE OFFICER)

COMPANY NAME _____ TAX PAYER I.D. _____

CORPORATION () PARTNERSHIP () SOLE PROPRIETORSHIP () LLC ()

BUILDER'S REGISTRATION# _____ NUMBER OF YEARS IN BUSINESS _____

BUSINESS ADDRESS _____

BILLING ADDRESS (IF DIFFERENT) _____

WASHINGTON SALES TAX # (IF APPLICABLE) _____

BUSINESS PHONE _____ FAX NUMBER _____

E-MAIL ADDRESS _____

HOME ADDRESS _____

MOBILE PHONE _____ HOME PHONE _____

BUSINESS BANK _____ BRANCH _____

BUSINESS BANK ADDRESS _____

ACCOUNT# _____ (ATTACH DEPOSIT SLIP)

PERSONAL BANK _____ BRANCH _____

PERSONAL BANK ADDRESS _____

ACCOUNT# _____

CREDIT REFERENCES

BUSINESS NAME CONTACT TELEPHONE

BUSINESS NAME CONTACT TELEPHONE

BUSINESS NAME CONTACT TELEPHONE

TERMS

1% 10th Prox. 1 1/2 % per month late charge on past due accounts (annual rate 18%). An account is deemed past due and subject to late charges after the 10th day of the month following purchase. A 1 % discount is allowed on current invoices paid on or before the 10th of the month following purchase. The undersigned personally guarantees payment of all obligations to Lakeside Lumber Company. The undersigned also consents to Lakeside Lumber's obtaining consumer credit reports for the purpose of evaluating the credit worthiness in connection with this application. Lakeside Lumber Company retains the right to avail itself of any remedies under appropriate construction lien laws. In the event that it becomes necessary to assign this account for collection, the undersigned agrees to pay all collection agency fees, which shall not exceed 35% of the claim, in addition to all collection costs. In the event of litigation, the successful or prevailing party shall be entitled to reasonable attorneys fees and related costs. The terms of this credit application can be modified only in writing.

SIGNED _____ DATE _____

PRINT NAME _____ SS# _____

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I, _____ authorize
print name

_____ to release
bank

necessary information to LAKESIDE LUMBER COMPANY, in compliance with obtaining

credit with this company: DBA: _____

Checking Account No.: _____ Branch: _____

Bank Contact: _____

Thank you,

LAKESIDE LUMBER COMPANY
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necessary information to LAKESIDE LUMBER COMPANY, in compliance with obtaining

credit with this company: DBA: _____

Checking Account No.: _____ Branch: _____

Bank Contact: _____

Thank you,

PLEASE INCLUDE ACCOUNT NUMBER, BRANCHES AND ADDRESSES OF BANKS