



Credit Application

Ph: 252-796-7344 - Fax: 252-796-1245

Name: _____ Date: _____

Company Name: _____

Check One: Corporation Partnership Sole Proprietorship

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _(_____)_____ Fax: _(_____)_____

Sales Tax Exemption #: _____ SS or Tax ID #: _____

Bank Reference

Bank Name: _____ Phone: _(_____)_____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Contact Person: _____

Account #: _____

Trade References

Name: _____ Phone: _(_____)_____ Fax: _(_____)_____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Name: _____ Phone: _(_____)_____ Fax: _(_____)_____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Name: _____ Phone: _(_____)_____ Fax: _(_____)_____

Street Address: _____ City: _____

State: _____ Zip Code: _____

I/WE AUTHORIZE THE BANK(S) AND/OR CREDITOR(S) WITH WHOM I/WE DO BUSINESS TO FURNISH COMPLETE CREDIT INFORMATION AND HISTORY TO TRAVIS CREEK WOOD PRODUCTS, INC. FOR THE PURPOSE OF CREDIT EVALUATION. I/WE AUTHORIZE TRAVIS CREEK WOOD PRODUCTS, INC. TO INVESTIGATE AND VERIFY CREDIT REFERENCES LISTED HEREIN. IF CREDIT IS GRANTED AND BILLS ARE NOT PAID WITHIN TERMS, I/WE ACKNOWLEDGE THAT I/WE WILL BE CHARGED A 1.5% PER MONTH DELINQUENT FEE STARTING THE 31ST DAY AFTER BILLING, AND AGREE TO PAY ALL PRINCIPLE, INTEREST, AND LEGAL FEES ASSOCIATED WITH ATTEMPTS TO COLLECT BALANCE DUE.

Date: _____ Owner Signature: _____

Print Name of Owner: _____