

# STOUGHTON LUMBER COMPANY CONFIDENTIAL CREDIT APPLICATION

3188 Deer Point Drive, PO Box 190, Stoughton, WI 53589, Ph (608) 873-4141, Fax (608) 873-4140

**\*Company Information** (Please type or print clearly to avoid delays in processing.)

Name of Company: \_\_\_\_\_

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

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

Billing Address (if different) \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company is a legal:  Corporation  S-Corporation  Partnership  Sole Proprietor  
 LLC  Other: \_\_\_\_\_

Sales Tax Status:  Taxable  Exempt (must attach certificate)

**\*Principals Officers, Partners or Owners:**

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

**\*Social Security #:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**\*Social Security #:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Person in charge of Accounts Payable: \_\_\_\_\_

**\*Name of Bank:** \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*References:** (List 3 Principal Suppliers used within last 90 to 120 days.)

Building Material Supplier: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account Balance (aprox.): \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have an account there now in good standing? Yes \_\_\_ No \_\_\_

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References continued:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned hereby agrees to the terms and conditions set forth herein if credit is granted by Stoughton Lumber Co. All invoices are due and payable the 10th of the month following the month of purchase; all

**\* Required Information**

invoices are subject to a 1% discount if paid by the 10th of the month following the month of purchase. Invoices not paid by the last day of the month following the month of purchase shall accrue interest at the rate of 1-1/2% per month if not prohibited by law, otherwise at the highest lawful contract rate. In consideration of extending credit to the applicant, the applicant hereby guarantees payment on this account for all amounts due and owing on said account. The liability of the applicant shall not be affected or prejudiced by the additional acceptance of a note or evidence of indulgence or agreement for time payments granted to the applicant. The applicant hereby waives demand for payment, presentment for payment, protest, and notice of protest or diligence. In the event that collection on this account is turned over to a collection agency or attorney, applicant agrees to pay for all costs of collection, including but not limited to: agency fees, court costs, service fees, and reasonable attorney's fees incurred in the collection of the account whether or not suit is filed. If suit is brought on this account, the parties hereto agree that this agreement shall be construed in accordance with the laws of the State of Wisconsin, and the proper venue for suit shall be in the Circuit Court of Dane County.

The undersigned has read the above terms and conditions, understands them and agrees that these terms are reasonable consideration for Stoughton Lumber Co. granting credit.

\*Authorized Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Company: \_\_\_\_\_ Title: \_\_\_\_\_

Note: This form must be completed in full and signed before application will be considered for approval. In addition, if charges to this account are to be exempt under Wisconsin Sales Tax Laws, a signed exemption certificate with the applicant's tax or exempt number must be forwarded to us prior to any billing.

**AUTHORIZATION TO  
RELEASE CREDIT INFORMATION**

Thank you for your interest in establishing credit with our company. Please sign the authorization to release you credit information below and return it with the prior pages of our Confidential Credit Application form. We will contact your bank and trade references, then contact you regarding credit with our company. Thank you.

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To Whom It May Concern,

I (the undersigned) have recently applied for credit with Stoughton Lumber Co. I have been requested to provide information regarding my credit history. Therefore, I authorize the investigation of my credit information.

The release by you of information is authorized whether such information is of record or not. I do hereby release you and all your persons, agencies, agents, employees, firms, companies, or parties affiliated with you from any damages resulting from providing such information.

This authorization is valid for thirty (30) days from the date of my signature below. Please keep a copy of my release request for your files.

Thank you for your cooperation.

\*Company \_\_\_\_\_

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_