

CROWNOVER



Crownover Lumber Co. Inc.

P O Box 301
501 Fairview Avenue
McArthur, OH 45651
Phone: 740 596 5229
Fax: 740 596 3219

Credit Application

Company Information

Company Legal Name	Phone		Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Corporation:	<input type="checkbox"/> S Corp	<input type="checkbox"/> C Corp	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
Date Incorporated	Age of Business	Federal Tax I/D	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Company Bank References

Bank Branch Name 1	Account	Phone	Contact at Local Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Branch Name 2	Account	Phone	Contact at Local Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trade References

Firm Name	Contact	Phone	Fax	High Credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Firm Name	Contact	Phone	Fax	High Credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Firm Name	Contact	Phone	Fax	High Credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We authorize the Crownover Lumber Company Inc., and/or its agents, to investigate my/our credit worthiness in connection with the transactions contemplated between the Crownover Lumber Company Inc. and I/us. By my/our signature below, we warrant that the information provided herein is true and accurate to the best of my/our knowledge. I/we authorize the references contained herein to release any necessary information. I/we understand that the Crownover Lumber Company reserves the right to reverse any decision if the information contained herein is found to be inaccurate.

Signature

Date