

BAUMANN LUMBER

CREDIT APPLICATION

RETURN TO:

Box 910

Fort Pierre, SD 57532

Phone: (605) 223-9762

Fax: (605) 223-9511

Note: Please enclose a copy of your Resale Tax Certificate. It is necessary for us to have this in order to process your credit application. Thank you.

Customer Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

If branch or division location of home office: _____

Type of business _____

Telephone _____ Fax _____

Owners or Officers

Position

Owners or Officers	Position

Bank Reference

Acct #

Address

Phone

Officer

Bank Reference	Acct #	Address	Phone	Officer

TRADE REFERENCES (please furnish address and phone numbers)

1. Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

2. Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

3. Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

I understand that the information furnished you is for the purpose of obtaining credit from your firm. That I am authorized, in my capacity, to bind my firm accordingly. I hereby authorize the bank and trade references listed above to release information regarding my accounts to BAUMANN LUMBER.

FIRM _____

SIGNED BY _____

DATE _____ TITLE _____