



## Credit Application

Name: Corp. Partnership LLC Sole Proprietorship  
Federal ID#: Sales Tax Exempt Form\* Y N  
Address: \*Please provide certificate.  
City: State: Zip: Year business started:  
Purchasing Contact: A/P Contact:  
Phone: Phone:  
Cell: Cell:  
Email: Email:

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### SUPPLIER REFERENCES

Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:

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### BANK REFERENCES

Name:	Phone:
Address:	Contact:
City: State: Zip:	Checking Account Number:

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### Amount of credit desired:

I hereby authorize Timberline LLC to verify and collect information on The Company including, but not limited to bank references, trade credit references, consumer and / or commercial credit reports.

Company:	Signature:
Name:	Title:
Phone:	Date:

### GENERAL TERMS AND CONDITIONS:

It is understood that the terms are net due 30 days from date of invoice. It is agreed that all invoices not paid within 30 days of invoice date are subject to a finance charge of 1 1/2% per month (18% per annum). It is understood all purchases are made to order and no returns available. It is understood the undersigned will pay a \$30.00 fee for any returned checks. It is understood that Timberline LLC may at their discretion send prelien notices to my customers if I either fail to pay my invoices by the due date (terms) and / or go above my approved line of credit. It is further agreed that the undersigned shall pay any costs of collection and reasonable attorney fees if payment is not made when due.

It is further understood that should availability of credit be granted by Timberline LLC all decisions with respect to the extension or continuation of credit shall be at the sole discretion of Timberline LLC. Timberline LLC may terminate any credit availability within its sole discretion. It is further understood that Timberline LLC reserves the right to refuse credit if any application is found to be incomplete or inaccurate.

These terms are agreed to by:

Company:	Signature:
Name:	Date:
Title (Must be an officer):	