



# CAPITAL FOREST PRODUCTS

PO Box 6213 Annapolis, MD 21401  
Annapolis Office: 800-255-3405 Boston Office: 800-542-3327  
Credit Dept. Phone: 410-280-6890 Fax: 410-280-0967  
www.capitalforest.com

**Internal Use Only**  
Start Date: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Salesman: \_\_\_\_\_  
\$ \_\_\_\_\_  
Notes: \_\_\_\_\_

## CONFIDENTIAL CREDIT APPLICATION

Please Print

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

Primary Line of Business: \_\_\_\_\_

Legal Status:  Sole Proprietor  Partnership  
 Corporation  LLC  Other \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Year Business Started: \_\_\_\_\_

If Sole Proprietor, Then SS #: \* \_\_\_\_\_

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

Accounts Payable Contact Information:

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

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

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

Owner/Officer Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

Please indicate how you would like to receive your invoices:

Fax  Email  Mail

### Trade References:

Bank Name: \_\_\_\_\_

1. Name: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Bank Account #s: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. Name: \_\_\_\_\_

Please include a copy of your state sales tax or exemption certificate(s) with this application.

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

The undersigned acknowledges that he/she have read and understand the standard terms and conditions of sale contained on the reverse side hereof, which are made a part of this application. The undersigned affirms, under penalties of perjury, that the contents of the foregoing credit application are true, correct and complete. The undersigned further authorizes Capital Forest Products, Inc. (CFP) to contact the trade and bank references contained herein for credit verifications and contact mercantile agencies for credit reports. The undersigned acknowledges he/she must notify CFP in writing, and by certified mail of any change in ownership, the name or the business structure under which credit is established. CFP may at any time cease further extensions of credit without notice.

\*EOA Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against Credit Applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the Applicant has the capacity to enter into a binding contract); because all or part of the Applicant's income derives from any public assistance program; or because the Applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6<sup>th</sup> and Pennsylvania Avenue NW, Washington, D.C. 20580.

Authorized Signer/Officer: \_\_\_\_\_

Signature

Title

Printed Name

Date