



Channel Lumber Company

P.O. Box 4002 • 100 West Cutting Boulevard • Richmond, CA 94804-4002

Telephone: 510/234-0233 • Fax: 510/215-9025

Email: credit@channellumber.com • www.channellumber.com

CREDIT APPLICATION

Applicant _____ Type of Business _____

Street Address _____ City _____ State _____ ZIP _____

Billing Address _____ City _____ State _____ ZIP _____

Telephone _____ Fax _____ Email _____

CONTRACTORS PROVIDE FOLLOWING:

Name on License _____ Date First Licensed _____ Expire Date _____

Classification _____ Name of License Bonding Co. _____ Bond No. _____

State License No. _____ Bonding Co. Address _____

ENTITY: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC Date Established _____

Tax ID/SS No. _____ Resale Number if Applicable _____

Drivers License No. _____ State of Issue _____ Expire Date _____

Partners, Officers or LLC Manager(s):

Name _____ Title _____ Phone _____

Street Address _____ City _____ State _____ ZIP _____

Name _____ Title _____ Phone _____

Street Address _____ City _____ State _____ ZIP _____

CHECKING ACCOUNT Number(s) _____

Bank Name _____ Phone _____ Fax _____

Street Address _____ City _____ State _____ ZIP _____

SAVINGS ACCOUNT Number(s) _____

Bank Name _____ Phone _____ Fax _____

Street Address _____ City _____ State _____ ZIP _____

BUSINESS REFERENCES WHERE CREDIT IS CURRENTLY EXTENDED:

Firm Name _____ Phone _____ Fax _____ Credit Limit _____

Street Address _____ City _____ State _____ ZIP _____

Firm Name _____ Phone _____ Fax _____ Credit Limit _____

Street Address _____ City _____ State _____ ZIP _____

Firm Name _____ Phone _____ Fax _____ Credit Limit _____

Street Address _____ City _____ State _____ ZIP _____

Firm Name _____ Phone _____ Fax _____ Credit Limit _____

Street Address _____ City _____ State _____ ZIP _____

I/We authorize Channel Lumber Co. to investigate my/our credit history. Channel Lumber Co. may disclose my/our credit history to third parties that I/we authorize in writing to inquire. If collection, court action, or lien rights are pursued, I/we agree to pay reasonable attorney fees and collection costs. Jurisdiction and venue for any court action against the undersigned shall be in Contra Costa County, CA.

PAST DUE ACCOUNTS shall be charged a finance charge of 1½% per month (18% per year). I/We certify that the information in this application is true and correct as of the date next to my/our signature(s). I/We understand that intentional or negligent misrepresentation(s) may result in civil liability. MUST BE SIGNED BY OWNER OR CORPORATE OFFICER WITH AUTHORITY TO SIGN AND BIND.

Signed _____ Title _____ Date _____

I/We **personally guarantee payment** of all debt incurred by the above applicant.

Signed _____ Date _____

FAX OR MAIL TO:
CHANNEL LUMBER CO., ATTENTION CREDIT

FOR DEPARTMENT USE ONLY	<input type="checkbox"/> Credit Extended	<input type="checkbox"/> Credit Refused	Maximum Amt. \$ _____
Terms _____ Date _____	Reason: _____		