



# 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**  Credit Extended  Credit Refused Maximum Amt. \$ \_\_\_\_\_  
Terms \_\_\_\_\_ Date \_\_\_\_\_ Reason: \_\_\_\_\_