Southwood Forest Products, Inc.

P.O. Box 107 Fairfield, AL 35064		Telephone: Fax:	205-785-2056 205-785-7656
Credit Application			
Credit Limit Requested?		Date:	
Correct Trade or Business Name:			
Street Address:	City, State	e, Zip	
Mailing Address:	City, Stat	te, Zip	
Phone#	Type of Busin	ness:	
Fax# Resale #_	Accounts Payaba	ale Contact:	
Years Organized: Resale #_	State of I	ssue: Fe	d Tax ID #
Check One: Sole Owner () Corpor			t officers below:
Name:			
Position:	A data a a a		
Name:			· · · · · · · · · · · · · · · · · · ·
Position:	Address		
Name:			······
Position:			
Are you listed in Dun & Bradstreet? Yes_	No Is a Financia	l Statement Ava	ilable?
If Yes: What is your Duns Number?	When may	we receive it?	
What is your rating?			
Are you listed in Lumberman's Credit Asso If Yes: What is your rating?		ľ	NO
Bank Name:	Branch:		
Bank Officer in Charge of Your Account: Street Address:		Zin:	
Phone #			
Account # (s)			
	he and a secondality		
Credit References: Please fill in complete	ay and accurately.		
Name: Address: (1)		ne #	Contact
(2)			
(3)			
(4)			
 Terms of Credit: Southwood Forest Products may an Applicant agrees to pay all amount Southwood Forest Products may an In the event of default or litigation, Forest Products including, without 	its due by the due date state charge the maximum interes , applicant agrees to pay all t limitation, reasonable attorn	ed on each invoid st allowed by law costs of collection ney's fees.	ce. on all overdue invoices.
Authorized Signature:	Name & Title	e	

Date: _____

All Information Received Here Will Be Held In Confidence Within Southwood's Customer Financial Services.

After you have filled out the application please email it to Wes Franks, wesfranks@southwoodforest.com, or you can fax it to 866-492-5329.