



Johnson Lumber Company, LLC Phone: (315) 493-1774  
10972 State Route 26 Fax: (315) 493-WOOD (9663)  
Carthage, NY 13619  
Websites: www.johnsonlumberllc.com

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APPLICATION FOR CREDIT

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_  
OWNER'S NAME (S) \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TAX ID # \_\_\_\_\_ # OF YEARS IN BUSINESS \_\_\_\_\_

Please provide a copy of company sales tax certificate.

BANKING INFORMATION:

BANK NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CREDIT REFERENCES: Please provide 3 credit references.

1) COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
2) COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3) COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CREDIT AMOUNT REQUESTED \_\_\_\_\_

PO OR VOUCHER REQUIRED Y OR N

AUTHORIZATION:

I/we authorize Johnson Lumber LLC, to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended to the applicants. I/we authorize and instruct any person or any reporting agency to compile and furnish to Johnson Lumber LLC, any information it may have to obtain in response to such credit inquiries and agree that same shall remain your property, whether or not credit is extended. I/we am/are further notified that subsequent credit reports may be requested or utilized in connection with an update, renewal or extension of the credit. I/we am/are requesting it, if it is determined that subsequent credit report is appropriate.

Failure to sign this application will automatically nullify this application. If Johnson Lumber LLC approves this credit application, the applicant (or company) will agree to pay all invoices within thirty (30) days from the date of each invoice. All invoice which remain unpaid beyond referred thirty (30) day period shall accrue interest at the rate of 2.0% per month upon the past due balance. Additionally, if the business engaged the services of debt collection agency and/or legal counsel to recover any past due balances, then the shall reimburse and pay to the business, or it's agent, all collection and court costs, including but not limited to attorney fees in an amount equal to twenty-five percent (25%) of the past due balance.

\_\_\_\_\_  
Signature of Applicant Title Date

PERSONAL GUARANTEE:

I, \_\_\_\_\_, personally guarantee that all purchases made by  
NAME

\_\_\_\_\_ bill be paid in full by me.  
COMPANY NAME

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

Not just another sawmill.....We specialize in Pattern Cuts  
Tongue & Groove---Log Siding---Pine Shavings