

**DEARBORN LUMBER CO / ALKI LUMBER & HARDWARE CREDIT AGREEMENT**

Please mail, email, or fax to:  
PO BOX 16345, SEATTLE, WA 98116  
PHONE: 206-932-7700 FAX: 206-937-7068 YVETTE@ALKILUMBER.COM

Company Name (Your account will be set up in this name)

Parent Company, if applicable

Street Address

City, State, Zip Code

Phone Cell

Fax

Email  Please check the box if you would like invoices & statements sent via email.

\$ \_\_\_\_\_ Estimated amount you plan to spend at Dearborn Lumber each month. This will help us determine your credit limit.

Type of organization: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership\*  
\_\_\_\_\_ LLC \_\_\_\_\_ Sole Proprietor\*

\*IF PARTNERSHIP OR SOLE PROPRIETOR, THE ATTACHED PERSONAL GUARANTEE (EXHIBIT A) IS REQUIRED.

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

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

Contact Name & Number (to verify account): \_\_\_\_\_

Approximate Net Worth: \_\_\_\_\_

Billing Contact

Billing Address

City, State, Zip Code

Phone Fax

Contractor License # Expiration Date

Business Started (Month/Year) # of Employees

**\*\*ONLY APPLICATIONS WITH 3 TRADE REFERENCES WILL BE CONSIDERED**

Trade Reference #1 Phone

Trade Reference #2 Phone

Trade Reference #3 Phone

Purchases will be: \_\_\_\_\_ Taxable \_\_\_\_\_ Exempt\*\*

\_\_\_\_\_ Please check here if you would like to be taxed on consumables.

**\*\*\*IF YOUR COMPANY IS EXEMPT, A COPY OF YOUR STATE ISSUED RESELLERS PERMIT IS REQUIRED**

**SIGN HERE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

For Alki Lumber Office Use Only: APPROVED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
APPROVAL DATE: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ APPROVED LIMIT: \_\_\_\_\_ APPROVED LIMIT: \_\_\_\_\_