



# CONCANNON lumber company

PO BOX 14444  
PORTLAND, OR 97293

PHONE (503) 231-8881  
FAX (503) 231-5533

## APPLICATION FOR CREDIT

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TYPE OF BUSINESS:  PARTNERSHIP  PROPRIETOR  CORPORATION

OWNER/OFFICERS: PRES: \_\_\_\_\_ VP: \_\_\_\_\_ CONTROLLER: \_\_\_\_\_

FISCAL YR-END: \_\_\_\_\_ DATE EST: \_\_\_\_\_ STATE OF INCORP: \_\_\_\_\_ YEAR: \_\_\_\_\_

SALES TAX EXEMPTION: PLEASE ATTACH A COPY OF YOUR SALES TAX EXEMPTION CERTIFICATE

HAS YOUR COMPANY OR CURRENT OFFICERS FILED CORPORATE OR PERSONAL BANKRUPTCY?  YES  NO  
 IF YES, PLEASE EXPLAIN ON BACK:

**★★★ TO SUPPORT THIS APPLICATION ★★★**  
**★★★ PLEASE ATTACH A CURRENT FINANCIAL STATEMENT ★★★**

**BANK REFERENCES**

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
 OFFICER/CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 LINE OF CREDIT#: \_\_\_\_\_ CHECKING ACCT #: \_\_\_\_\_ LOAN ACCT #: \_\_\_\_\_

**BUSINESS REFERENCES - 4 REQUIRED**

NAME: _____	CITY/STATE: _____	PHONE: _____
NAME: _____	CITY/STATE: _____	PHONE: _____
NAME: _____	CITY/STATE: _____	PHONE: _____
NAME: _____	CITY/STATE: _____	PHONE: _____

**TERMS AND CONDITIONS**

THE ABOVE INFORMATION IS GIVEN FOR THE PURPOSE OF OBTAINING OPEN ACCOUNT CREDIT WITH CLC CO., AND IS WARRANTED TO BE TRUE. APPLICANT AUTHORIZES CREDIT REFERENCES TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT WITH CLC CO. APPLICANT AGREES TO PAY ALL INVOICES IN ACCORDANCE WITH OUR TERMS. APPLICANT ACKNOWLEDGES THAT A MONTHLY SERVICE CHARGE WILL BE MADE ON ALL SUMS DUE CLC CO. WHICH HAVE NOT BEEN PAID WITHIN THIRTY (30) DAYS FROM THE INVOICE DATE, AND APPLICANT AGREES TO PROMPTLY PAY SAID SERVICE CHARGE. THE SERVICE CHARGE SHALL BE 1 1/2% PER MONTH, BUT NOT TO EXCEED THE HIGHEST AMOUNT LAWFULLY ALLOWED BY CONTRACT IN THE STATE IN WHICH THE APPLICATION IS EXECUTED. AN ADDITIONAL SERVICE CHARGE, COMPUTED ON THE SAME BASIS, WILL BE DUE AND PAYABLE EVERY THIRTY (30) DAYS THEREAFTER. SHOULD SUIT OR COLLECTION ACTION BE INSTITUTED IN COLLECTION OF YOUR DEBT, APPLICANT HEREBY AGREES TO PAY ALL REASONABLE COLLECTION COSTS, EXPENSES, ATTORNEYS FEES AND COURT COSTS INCURRED IN THE ENFORCEMENT OF THE OBLIGATION.

HAVE YOU ATTACHED A CURRENT FINANCIAL STATEMENT?  YES  NO  
 IF NO, PLEASE EXPLAIN:

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_