



SIMONSON LUMBER & HARDWARE, INC.
85 East 4th Street
Grafton, ND 58237
Phone: 701.352.1750
Fax: 701.352.3342

APPLICATION FOR COMMERCIAL CREDIT

Company Name: _____

Business Type: Sole Proprietorship Partnership Corporation Other

Years In Business: _____ Phone #: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tax ID: _____ State Resale #: _____

Social Security # (for Sole Proprietorships and Partnerships): _____

Name, Address, Phone #, and Title of Owners or Partners:

Name, Address, Phone #, of Bank Contact:

Trade References: Company, Phone #, Fax #

1. _____

2. _____

3. _____

I authorize the named bank and trade references to release credit information to Simonson Lumber.

Authorized Signature: _____ Date: _____