



3566 W. Main St. * Belleville PA 17004 * Phone 717-935-5088 * Fax 717-935-5224
sales@bigvalleywoodproducts.com

Credit Application

Business Name _____ Date _____

Address _____
Street City State Zip

Telephone _____ Fax _____

Email Address _____

Corporation Partnership Proprietorship Other

Federal Tax ID or Social Security # _____ Years in business _____

Responsible Party (I.e. Owner, partner) _____

Accounts payable contact: _____ Phone _____ Ext. _____

Requested Amount of Credit: _____

BANK REFERENCE:

Bank _____ Phone _____

Address _____ Account No. _____

Fax _____

TRADE REFERENCES:

Business _____ Phone _____

Address _____ Fax _____

Business _____ Phone _____

Address _____ Fax _____

Business _____ Phone _____

Address _____ Fax _____

I/We submit this application to obtain credit from Big Valley Wood Products. The information is true to the best of my/our knowledge. I/We agree to the payment terms and accept a service charge of 1.5% per month on any overdue balances. The responsible parties listed below will pay all charges incurred on this account. I/We hereby authorize Big Valley Wood Products to check the references pertaining to my/our credit and financial responsibility. If your account is inactive for 18 months, you will need to re-apply for credit.

Authorized Signature _____ Date _____

Print Name _____ Title _____