



**CREDIT APPLICATION/AGREEMENT WITH
GOLDEN STATE LUMBER, INC.**

DATE: _____ NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ DL #: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____

FAX: _____ CELL PHONE: _____ E-MAIL: _____

PARTNERSHIP SOLE PROPRIETORSHIP CORPORATION LLC OTHER: _____

PRESIDENT: _____ TREASURER/CFO: _____

PRINCIPALS/OWNERS/SPOUSE, IF NOT INDIVIDUAL: _____

CONTRACTOR'S LIC #: _____ TYPE: _____ EXP. DATE: _____

CREDIT LINE REQ: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: (____) _____

SURETY COMPANY: _____ PHONE: (____) _____

BUSINESS BANKING REFERENCE

PERSONAL BANKING REFERENCE

BANK: _____

BANK: _____

TYPE OF ACCOUNT: _____

TYPE OF ACCOUNT: _____

**Customer agrees to be bound by the terms of sale located
at [HTTP://WWW.GOLDENSTATELUMBER.COM/TOS](http://www.goldenstatelumber.com/tos)**



GOLDENSTATE L U M B E R

AUTHORIZATION TO CHARGE LIST

Please complete this form if you would like to create an Authorized to Charge list.

Customer Code: _____

Customer Name: _____

Address: _____

E-mail for Invoices and Statements: _____

I prefer to receive hardcopies of Invoices and Statements

The following individuals are authorized to purchase and pickup materials on our account:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

We will provide a job name for all orders and in return we require a purchase order on all invoices: YES NO

Would you like to access your account information on-line? YES NO

Signed by: _____

Title: _____ Date: _____

