



Mail to:
Boyce Lumber Co.
P.O. Box 4825
Missoula, MT 59806-4825

Fax to: (406) 543-3798

APPLICATION FOR BUSINESS ACCOUNT, CORPORATION OR L.L.C.

Ph: (406) 728-7100

Business Name Telephone
Email address Cell phone #
Mailing address
Shipping address
Date Business Began Gross Annual Sales Are \$
SS# Fed.Id. # Est. Monthly Purchases \$

** CORPORATIONS & LLC'S MUST COMPLETE PERSONAL GUARANTEE PORTION OF APPLICATION
P/O Numbers Required On Invoices: Yes No

THE OWNERS OR, IF CORPORATION, THE OFFICERS ARE:

Table with 4 columns: TITLE, NAME, ADDRESS, TELEPHONE. Rows 1, 2, 3.

PRESENT SUPPLIERS

Table with 4 columns: NAME, STREET, CITY,STATE, ZIP, TELEPHONE. Rows 1, 2, 3.

BANK NAME & ADDRESS:

ACCOUNT # OFFICER TO CONTACT

NAME OF AUTHORIZED SIGNERS:

Table with 3 columns: NAME, SIGNATURE, DATE. Rows 1, 2, 3.

Parties agree that all purchases are subject to the following terms & conditions:

- 1) The undersigned purchaser hereby agrees that all amounts due Boyce Lumber Co. are due and payable by the 10th day of the month following purchase.
2) The undersigned purchaser hereby acknowledges that the goods and/or services purchased from Boyce Lumber Co. are not payable in installments but are payable in full as stated herein.
3) The undersigned agrees to pay, in the event his account becomes delinquent and is turned into a collection agency, attorney or other third party for collection, reasonable attorney's fees plus all court and attendant collection fees and third party agency fees.
4) The undersigned authorizes Boyce Lumber Co. to contact and obtain information from the above listed creditors, as well as from any other furnishers of credit information, including but not limited to financial institutions, credit reporting agencies and credit bureaus.

Table with 3 columns: NAME, SIGNATURE, DATE. Rows 1, 2, 3.

OFFICE USE ONLY

Account # Computer CLS PL TC CL A/C Letter