

Preferred Customer Application

(Not an open account – Must pay at time of purchase)

Cust#: _____

Date: _____

Company Name/dba: _____

Name: _____

Street Address: _____

City State, Zip: _____

Phone: (____) _____

Cell Phone: (____) _____

Fax: (____) _____

Resale Number (if any): _____

(Verified Resale Certificate required for use)

Email Address: _____

Business Contractors License#: _____

Year Established: _____

Mailing Address (if different): _____

If paying by *CHECK* please fill in below:

Signer's Name

Date of Birth

Driver's License#

Expiration Date

Learned Lumber has the right to terminate this privilege at any time.

Signature of Applicant: _____

Date: _____

For Office Use Only

Mgr Apprvl:

plc:

Cmnts:

Mgr Apprvl:	plc:	Cmnts:
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