



622 Danielson Pike
North Scituate, RI 02857

P: (401) 647-2988
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Application for Account

www.scituatelumber.com

Name of Firm or Individual: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell Phone: () _____ Fax: () _____

E-mail: _____ SSN#/FEIN: _____

Driver's License State & Number: _____ Business License State & Number: _____

Delivery of Statements – Select one or more: () Mailed () Faxed () E-mailed PO Required: () Yes () No

Ownership: () Corporation () Partnership () Individual () Municipality

Name of Principal: _____ Residence Phone: _____

Residence Address of Principal: _____

Bank: _____ Account Type: _____ Account No.: _____

Address: _____ Phone: _____ Fax: _____

TRADE REFERENCES:

1. Name: _____ Address: _____

Acct No.: _____ Phone No.: _____ Fax No.: _____

2. Name: _____ Address: _____

Acct No.: _____ Phone No.: _____ Fax No.: _____

3. Name: _____ Address: _____

Acct No.: _____ Phone No.: _____ Fax No.: _____

4. Name: _____ Address: _____

Acct No.: _____ Phone No.: _____ Fax No.: _____

I certify that all of the information on this form is correct. I fully understand the credit terms – all past due balances are subject to a finance charge of 1.5% per month, equal to 18% annually – and agree to the proper payment in consideration of extended credit. I assume responsibility of all costs of collection of any amounts due to Scituate Lumber, Inc., including court costs, reasonable fees and charges of attorneys and their firms and other expenses.

Signed _____ **Title** _____

Print Name _____ **Date** _____