



665 Church Street, Whitinsville, MA 01588
 Phone 800 836 4545 - Fax 508 377 5199
 Email to CreditApp@KoopmanLumber.com

Account Number: _____ Salesman name/number _____

Credit Application and Agreement for Credit Terms

Name of Applicant:		Telephone:	
Location Address:	City:	State	Zip:
Billing Address:	City:	State:	Zip:
Check One: <input type="checkbox"/> Rent <input type="checkbox"/> Own			
Type of Business:	Tax ID #	EMAIL:	
Tax Exempt # (Please attach a copy of certificate)			
Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Proprietorship/dba <input type="checkbox"/> Other			
If corporation, partnership or trust:		Year of Organization:	State:
A/P - E-Mail Address			
A/P Contact		Phone:	Fax:
Names of Partners, Principle Stockholders and Officers, Trustees, etc.			
Name:	SS#	Title:	Phone:
Home Address:			
Name:	SS#	Title:	Phone:
Home Address:			
Name:	SS#	Title:	Phone:
Home Address:			
Name:	SS#	Title:	Phone:
Home Address:			

Business Real Estate Owned:		
Location:	Purchase Price \$	Mortgage Balance:
Location:	Purchase Price \$	Mortgage Balance:

Bank Accounts:		
Bank Name:	Address:	Account Number:
Bank Name:	Address:	Account Number:

Trade Credit References: (at least one lumberyard)			
Name:	Address	Phone #	Type:
Name:	Address	Phone #	Type:
Name:	Address	Phone #	Type:

Has the applicant or any of its principals declared bankruptcy in the past 14 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there unsatisfied judgments or claims pending against the applicant or any of its principles?	<input type="checkbox"/> Yes <input type="checkbox"/> No

How much credit is needed on a monthly basis?
Which specific project will the line of credit will be used for?
How did you hear about Koopman Lumber?

