

Quality Plywood Products LLC 10720 Avian Drive Alpharetta, GA 30022

Business Credit Application

		Bı	usiness Co	ntact		
Title:						
Company Name:						EIN:
Phone:	Fax:			Email:		
Company Address:						
City:	State:		Zip Code:			
Date Business Commenced:		Sole Proprie	etorship	Partnership	Corp	Other
Accounting Contact:		Phone:		Email:		
		•				
Business and Credit Information						
Primary Business Address:						
City:	State:		Zip Code:			
How Long at Current Address?			•			
Telephone:	Fax:			Email:		
Bank name:	1			L		
Bank Address:			Phone:			
City:	State:		Zip Code:			
Type of		Account Nu	_			
Account:		7 ICCOUNT I VO	amoer.			
Savings						
Checking						
Other						
		Busine	ess/Trade F	Reference		
Company Name:						
Address:						
City:	State:		Zip Code:			
Phone:	Fax:			Email:		
Type of Account:						
Company Name:						
Address:						
City:	State:		Zip Code:			
Phone:	Fax:			Email:		
Type of Account:						
Company Name:						
Address:						
City:	State:		Zip Code:			
Phone:	Fax:	l l	•	Email:		
Type of Account:						
			Agreeme	nt		
1. All invoices are to be paid in 10	calendar day	s from the d	0			
2. Claims arising from invoices m						
3. All late invoice payments are su						
4. By submitting this application,					ake inquirie:	s into the banking / trade
references that you provided.	, ou uumome	Quality 11)		ion and to in	and inquirie	o mee the caming, trace
5. All quotations and sales are subj	ect to our terr	ns and condi	tions			
5.7 m quotations and sales are subj	oct to our terr	ins und condi				
Signature						
Signature:		I=				
Name:		Title:				
Date:						