



Martco L.L.C. Credit Application

Company Information

Company Name: _____				
Address: _____				
City: _____	State: _____	Zip: _____		
Phone: () _____	Fax: () _____	D&B Number: _____		
Type of Business:	Corporation	Partnership	LLC	Individual
Credit Requested: _____	Year Established: _____	Federal Tax ID: _____		
Tax Exempt: Yes (If Yes, Please Attach certificate.) No Web Address: _____				

Trade References

Company Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Contact: _____	Phone: () _____	Fax: () _____

Company Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Contact: _____	Phone: () _____	Fax: () _____

Company Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Contact: _____	Phone: () _____	Fax: () _____

Company Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Contact: _____	Phone: () _____	Fax: () _____

Bank Information

Bank Name: _____		
Contact: _____	Phone: () _____	
Address: _____	Fax: () _____	
City: _____	State: _____	Zip: _____

By signing this form, the customer authorizes Martco L.L.C. to contact the trade references, banks or credit reporting agencies for evaluating credit worthiness. All information received by Martco L.L.C. will be for internal use only. This application shall serve as authorization to release information to Martco L.L.C. via phone, fax or in writing. Interest charges of 1-1/2% per month (or applicable legal rate) will be charged on past due accounts. Credit privileges can be suspended at any time by Martco L.L.C.

Authorized Signature: _____ Date: _____

Name (Please Print): _____ Title: _____

Martco L.L.C. USE ONLY

Credit Manager Signature	Date	Credit Limit
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Company Information

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____ D&B Number: _____
 Type of Business: Corporation Partnership LLC Individual
 Credit Requested: _____ Year Established: _____ Federal Tax ID: _____
 Tax Exempt: Yes (If Yes, Please Attach certificate.) No Web Address: _____

Bank Information

Bank Name: _____
 Contact: _____ Phone: () _____
 Address: _____ Fax: () _____
 City: _____ State: _____ Zip: _____

Trade References

1 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: () _____ Fax: () _____

2 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: () _____ Fax: () _____

3 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: () _____ Fax: () _____

4 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: () _____ Fax: () _____

By signing this form, the customer authorizes Corrigan OSB L.L.C. to contact the trade references, banks or credit reporting agencies for evaluating credit worthiness. All information received by Corrigan OSB L.L.C. will be for internal use only. This application shall serve as authorization to release information to Corrigan OSB L.L.C. via phone, fax or in writing. Interest charges of 1-1/2% per month (or applicable legal rate) will be charged on past due accounts. Credit privileges can be suspended at any time by Corrigan OSB L.L.C.

Authorized Signature: _____ Date: _____
 Name (Please Print): _____ Title: _____

Corrigan OSB, L.L.C. USE ONLY		
_____	_____	_____
Credit Manager Signature	Date	Credit Limit



Credit Application - MARTIN TIMBERLANDS, L.L.C.

Company Information

Company Name:		
Address:		
City:	State:	Zip:
Phone: ()	Fax: ()	D&B Number:
Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
	<input type="checkbox"/> LLC	<input type="checkbox"/> Individual
Credit Requested:	Year Established:	Federal Tax ID:
Tax Exempt: <input type="checkbox"/> Yes (If Yes, Please Attach certificate.) <input type="checkbox"/> No	Web Address:	

Bank Information

Bank Name:	
Contact:	Phone: ()
Address:	Fax: ()
City:	State: Zip:

Trade References

1	Company Name:		
	Address:		
	City:	State:	Zip:
	Contact:	Phone: ()	Fax: ()
2	Company Name:		
	Address:		
	City:	State:	Zip:
	Contact:	Phone: ()	Fax: ()
3	Company Name:		
	Address:		
	City:	State:	Zip:
	Contact:	Phone: ()	Fax: ()
4	Company Name:		
	Address:		
	City:	State:	Zip:
	Contact:	Phone: ()	Fax: ()

By signing this form, the customer authorizes Martin Timberlands L.L.C. to contact the trade references, banks or credit reporting agencies for evaluating credit worthiness. All information received by RoyOMartin will be for internal use only. This application shall serve as authorization to release information to Martin Timberlands L.L.C. via phone, fax or in writing. Interest charges of 1-1/2% per month (or applicable legal rate) will be charged on past due accounts. Credit privileges can be suspended at any time by Martin Timberlands L.L.C..

Authorized Signature: _____ Date: _____

Name (Please Print): _____ Title: _____

ROM USE ONLY

_____	_____	_____
Credit Manager Signature	Date	Credit Limit