

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

Company Information			
Company Name:			
Address:			
City:	State:	Zip:	
Phone: ()	Fax: ()	D&B Number:	
Type of Business: ☐ Corpo	oration	□ LLC	□ Individual
Credit Requested:	Year Established:	Federal Tax ID:	
Tax Exempt: ☐ Yes (If Yes, Pleas		Web Address:	
<u> </u>	,	-	
Bank Information			
Bank Name:			
Contact:		Phone: ()	
Address:		Fax: ()	
City:	State:	Zip:	
Trade References			
Company Name:			
1 Address:	04-4	7:	
City:	State:	Zip:	<u> </u>
Contact:	Phone: ()	Fax: (
Company Name:			
Address:			
2 Address. City:	State:	Zip:	
City:	Phone: ()	Ζιρ: Fax: (
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Company Name:			
Address:			
City:	State:	Zip:	
Contact:	Phone: ()	Fax: (1
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Company Name:			
Address:			
4 City:	State:	Zip:	
Contact:	Phone: ()	Fax: ()
By signing this form, the customer authorist for evaluating credit worthiness. All information authorization to release information to Marapplicable legal rate) will be charged on page	mation received by RoyOMartin will be fo artin Timberlands L.L.C. via phone, fax or	or internal use only. This applica or in writing. Interest charges of	ation shall serve as 1-1/2% per month (or
Authorized Signature:		Date:	
Name (Please Print):		Title:	
ROM USE ONLY			
INOW OOL CIVE!			
Credit Manager Signature	 Date		Credit Limit