



BUSINESS APPLICATION FOR CASH ACCOUNT

Copy of Valid ID

MITCHELL LUMBER CO.
NE 23681 HWY 3
P.O. BOX 310
BELFAIR, WA 98528
getwood@mitchelllumberco.com
360-275-2090 – FAX 360-275-3050

ACCOUNT NAME: _____
MAILING ADDRESS: _____
PHYSICAL ADDRESS: _____
CELL: _____ PHONE: _____ FAX: _____
EMAIL ADDRESS: _____

PARTNERSHIP SOLE PROPRIETOR CORPORATION LLC
DATE BUSINESS STARTED: _____ BOND NO: _____
ADDRESS _____
UBI# _____ WA State Reseller's Permit# _____

Please include a copy of your resellers permit. Without a valid reseller's permit Mitchell Lumber Co will collect sales tax on all purchases.

OFFICERS OR PRINCIPALS:

NAME: _____ TITLE: _____ PHONE: _____ ADDRESS _____
NAME: _____ TITLE: _____ PHONE: _____ ADDRESS: _____

Credit card Payment Authorization

To Pay by credit card, please complete all areas below.

- **Include a copy of the cardholder's driver's license for validation**
- **Name and billing address on the ID must match the credit card**

Please check card type: ___ Visa ___ MasterCard ___ Discover ___ American Express
Credit Card Number: _____ Exp Date _____ (MM/YY)
Card holder name as it appears on card: _____
Billing address: _____
Billing zip code: _____ Card Security Code (number on back of card): _____
Primary Phone Number: _____ Secondary Phone Number: _____

By signing below, you authorize Mitchell Lumber Co. to charge this credit card for all purchases.

Cardholder signature _____ Date _____

AUTHORIZED PURCHASERS:

Please list all persons authorized to charge on your account (if not completed; only the principals will be authorized to purchase):

_____	_____
_____	_____
_____	_____

Are the following required?:

Purchase order?	Yes ___	No ___
Job Name?	Yes ___	No ___
Job Address?	Yes ___	No ___

Other special requirements:

For office use only: Received by Date: _____/_____/_____ Created by / Date: _____/_____/_____
Sales Person: _____ Pricing: _____ Credit Limit: _____