



# PERSONAL APPLICATION FOR CASH ACCT

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: \_\_\_\_\_

Project Information: \_\_\_\_\_ New Jobsite Address: \_\_\_\_\_  
 New Construction  
 Remodel  
 Repair & Maintenance  
 Other

### 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: \_\_\_\_\_

### AUTHORIZED PURCHASERS:

Please list all person authorized to charge on your account In addition to the card holder

\_\_\_\_\_  
\_\_\_\_\_

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

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

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