

**Waco:** Phone (254) 772-9663 Fax (254) 772-9664  
**San Antonio:** Phone (210) 967-9663 Fax (210) 967-9667  
**El Paso:** Phone (915) 590-9663 Fax (915) 590-9664

**Dallas:** Phone (972) 677-7437 Fax (888) 556-4021  
**Austin:** Phone (512) 389-9773 Fax (512) 386-8271  
**Houston:** Phone (713) 939-9663 Fax (713) 481-8499

**Please return Credit Applications via fax to Waco, or email to [Suzanne@DakotaHardwoods.com](mailto:Suzanne@DakotaHardwoods.com)**



An A.P. Brashear Group, L.C. Company

*"Distributing Success One Relationship at a Time"*

**Members of NACM**

### **Customer Application for Credit**

**\*\* THE INFORMATION CONTAINED IN THIS DOCUMENT MAY BE USED TO OBTAIN A CREDIT REPORT FROM A CONSUMER CREDIT REPORTING AGENCY \*\***

Name of Company/Corporation: \_\_\_\_\_  
Type of Company:    Sole Proprietor ( )    LLC ( )    Corporation ( )  
DBA and/or Trade Name: \_\_\_\_\_ D&B# \_\_\_\_\_  
Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Are your purchases tax exempt?    ( ) Yes    ( ) No  
Are Purchase Order Numbers/job names required on orders? ( ) Yes    ( ) No

**Principals and/or Owners: REQUIRED – ALL ITEMS IN THIS SECTION MUST BE COMPLETE. A VALID COPY OF A DRIVERS LICENSE MUST BE PRESENTED WITH APPLICATION.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Driver's License: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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Driver's License: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Type of Company:    ( ) Cabinet Manufacturing    ( ) Flooring Manufacturing  
                          ( ) Moulding Manufacturing    ( ) Window Manufacturing  
                          ( ) Millwork Manufacturing    ( ) Distributor  
                          ( ) Furniture Manufacturing    ( ) Other: \_\_\_\_\_

Person to contact regarding financial (payables) questions:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Line Requested: \$ \_\_\_\_\_

Branch buying from: \_\_\_\_\_  
Dakota Sales Rep (if known): \_\_\_\_\_

**Financial References:**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

**Trade References:**

Please list references with whom you have a line of credit greater than or equal to, that for which you are requesting.

Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number (required): \_\_\_\_\_  
Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number (required): \_\_\_\_\_  
Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number (required): \_\_\_\_\_  
Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number (required): \_\_\_\_\_  
Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number (required): \_\_\_\_\_  
Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number (required): \_\_\_\_\_  
Contact Name: \_\_\_\_\_

**Terms: 1 % 10 DAYS NET 30**

**Agreement**

Applicant personally agrees to pay invoices within 30 days from invoice date according to the terms specified and understands that interest will be charged at the rate of 1.5% per month, which equates to 18.0% per year and agrees to pay such interest when billed. Interest will begin to accrue on the 31<sup>st</sup> day after original invoice date. Payments will be applied first to accrued interest and fees and the remainder to reduction of the Principal Amount. In the event that any collection action is brought against the account, applicant agrees to pay all costs and reasonable attorney fees. **Any litigation brought by either party as a result of any controversy or claim between the parties arising out of or relating to this Account must be brought in McLennan County, Texas.** Applicant hereby gives authorization to Dakota Premium Hardwoods to check any or all credit history and hereby agrees to indemnify, hold harmless, and defend Dakota Premium Hardwoods from any and all liability resulting from their credit inquiry. It also agreed to and acknowledged that any account receivable information may be reported to various consumer and commercial credit agencies.

Please note our terms of sale and limited warranty: any claim for grade, shortage, damage, or any other reason must be made within ten days of delivery and are subject to the reinspection of product in unaltered condition (i.e. no credits can be given for lumber that has already been cut up). Dakota Premium Hardwoods makes no guarantee and will assume no responsibility and will issue no credits due to insect infestation of lumber under any circumstances whatsoever. In any case, responsibility of Dakota Premium Hardwoods shall be limited to replacement of lumber in question. No returns without specific authorization. To the extent it is not inconsistent with the terms of this document, or individually negotiated items, the original National Hardwood Lumber sales code shall govern. All accounts are payable to the order of Dakota Premium Hardwoods.

CHANGE OF OWNERSHIP and/or ADDRESS: I/We understand that we must notify Dakota Premium Hardwoods of any change in ownership and/or address in writing, by certified mail, otherwise payment responsibility will remain that of the undersigned.

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Signature must be that of an authorized individual. If property is owned in joint names, all signatures required.**

**Personal Guaranty:**

I personally guarantee payment of this account: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

The information contained in this document will remain completely confidential except as otherwise provided above.