



DISTRIBUTING SUCCESS ONE RELATIONSHIP AT A TIME  
Members of NACM

**Waco:** Phone (254) 772-9663 • Fax (254) 772-9664  
**Dallas:** Phone (972) 677-7437 • Fax (888) 556-4021  
**San Antonio:** Phone (210) 967-9663 • Fax (210) 967-9667  
**Austin:** Phone (512) 389-9773 • Fax (512) 386-8271

**El Paso:** Phone (915) 590-9663 • Fax (915) 590-9664  
**Houston:** Phone (713) 939-9663 • Fax (713) 481-8499  
**Lafayette:** Phone: (337)232-2628 • Fax: (337) 236-6157

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

### 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 ***\*If Yes, please provide tax certificate form.***

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: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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 Sale 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 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: \_\_\_\_\_



DISTRIBUTING SUCCESS ONE RELATIONSHIP AT A TIME

**Waco - Corporate Headquarters**

Mailing Address: PO BOX 23302, Waco, TX 76702  
Physical Address: 6805-D Imperial Drive, Waco, TX 76712  
Phone: (254) 772-WOOD (9663) • Fax : (254) 772-9664

Suzanne Boeche: (254) 751-1243 or Suzanne@DakotaHardwoods.com

**PERSONAL GUARANTY**

**AGREEMENT:** Applicant personally agrees to pay invoices when billed according to the terms specified and understands that interest will be charged after the 10th of the month at the rate of 1.5% per month, which equates to 18.0% per year and agrees to pay such interest when billed. 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 LLC to check any or all credit history and hereby agrees to indemnify, hold harmless and defend Dakota Premium Hardwoods LLC 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 credit groups.

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

**EXECUTED AS A SEALED INSTRUMENT:**

**Company Name:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **If Joint:** \_\_\_\_\_

**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: \_\_\_\_\_

*Signature of Individual*

*If Joint, Signature of Individual*

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