

Application For Credit Privileges
& Individual Personal Guaranty

FOX LUMBER, INC.

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(908) 735-5178 • (908) 735-5179
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Monthly Estimated Purchases _____

Business/Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

ALL APPLICANTS FOR CREDIT MUST LIST STREET ADDRESS

Owner/Partner/President Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Partner/Vice President Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Check the following: Applicant for credit privileges is a:

_____ Corporation _____ Individual or Sole Proprietorship _____ LLC
_____ Government Agency _____ Partnership _____ Joint Venture

Tax ID# _____ and Social Security # _____

IF INDIVIDUAL, DRIVERS LICENSE NUMBER & STATE: _____

If Applicant is a business, list type of business and year established:

TRADE REFERENCES

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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1. _____

2. _____

3. _____

BANK REFERENCE

Name: _____

Branch: _____

Account Number(s): _____

Address: _____

City: _____ State: _____ Zip _____