

# WOOD PRODUCTS INTERNATIONAL, INC.

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## CREDIT INFORMATION

COMPANY NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ HOW LONG IN THIS BUSINESS \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_ CHIEF FINANCIAL OFFICER \_\_\_\_\_  
PARENT / AFFILIATE \_\_\_\_\_ PURCHASING CONTACT \_\_\_\_\_  
LOCATION \_\_\_\_\_ AMOUNT OF INITIAL ORDER \$ \_\_\_\_\_  
DOES PARENT PAY OR GUARANTEE DEBTS OF COMPANY? CREDIT LIMIT REQUESTED \_\_\_\_\_  
YES  NO

## CREDIT REFERENCES

### A. MAJOR SUPPLIERS (Please List 3)

NAME \_\_\_\_\_ PRODUCTS / SERVICES \_\_\_\_\_  
STREET \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

NAME \_\_\_\_\_ PRODUCTS / SERVICES \_\_\_\_\_  
STREET \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

NAME \_\_\_\_\_ PRODUCTS / SERVICES \_\_\_\_\_  
STREET \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

### B. COMMERCIAL BANK

NAME \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
BRANCH NAME \_\_\_\_\_ CHECKING  SAVINGS  LOAN

### C. OTHER LENDING INSTITUTIONS

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_  
FAX NUMBER ( ) \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
EQUIPMENT FINANCING  OTHER

### D. CREDIT LISTINGS

	YES	NO
DUNN & BRADSTREET RATED?	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL ASSOCIATION OF CREDIT MANAGEMENT?	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____		

**SEE BACK COVER FOR TERMS AND CONDITIONS OF SALES**

Signature of Officer or Responsible Agent

Title

Date

# UNIFORM SALES & USE TAX CERTIFICATE MULTIJURISDICTION

I Certify that:

NAME OF FIRM (Buyer): \_\_\_\_\_

is engaged as a registered

Address: \_\_\_\_\_

Wholesaler  Manufacturer

Retailer  Lessor

Other \_\_\_\_\_

(Specify)

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General Description of products to be purchased from the seller: \_\_\_\_\_

STATE	STATE REG. OR ID NO.	STATE	STATE REG. OR ID NO.	STATE	STATE REG. OR ID NO.
AL	_____	KY	_____	OH	_____
AK	_____	LA	_____	ND	_____
AR	_____	ME	_____	OK	_____
AZ	_____	MD	_____	OR	_____
CA	_____	MA	_____	PA	_____
CO	_____	MI	_____	RI	_____
CT	_____	MN	_____	SC	_____
DE	_____	MS	_____	SD	_____
DC	_____	MO	_____	TN	_____
FL	_____	MT	_____	TX	_____
GA	_____	NE	_____	UT	_____
HI	_____	NV	_____	VT	_____
ID	_____	NH	_____	VA	_____
IL	_____	NJ	_____	WA	_____
IN	_____	NM	_____	WV	_____
IA	_____	NY	_____	WI	_____
KS	_____	NC	_____	WY	_____

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified and shall be valid until cancelled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_

(Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_