



TGB Wood Shavings Credit Application

Date: _____

mm/dd/yy

Customer _____

Legal and trade name

Bill to (address) _____

Street and P.O. Box

City, State, Zip

Years in business _____

Telephone Number: _____ Fax Number: _____

Owners name(s): _____

Federal Tax ID Number (for customs clearance): _____

Accounts Payable Contact: _____ Phone: _____

Bank _____

(Bank Name, Phone & Fax Number)

Account Number: _____ Bank Contact: _____

FOUR MAJOR SUPPLIERS (Please include compagny name, contact telephone and fax numbers.
Please do not give us the toll free number (1-800, etc) as they usually do not work from Canada.

1. _____

2. _____

3. _____

4. _____

I hereby authorize TGB Wood Shavings to contact the above listed bank, all credit bureaus, and suppliers as part of their normal credit investigation.

The undersigned agrees to full performance of all terms of all orders, contracts, and commitments heretofore and theinafter entered into and agrees to pay to you when due upon demand thereafter, compounded on the outstanding balance and all costs, attorney's fees and other expenses incurred by TGB Wood Shavings in enforcing payment of any obligations or indebtedness.

Signature _____

Date: _____

Print Name: _____

Title _____