

CUSTOMER BUSINESS INFORMATION

Legal Business Name	DBA (If any)			Federal Tax ID
.....				
Business Address	City	State	Zip	Phone
.....				(.....)
Billing Address	City	State	Zip	Fax
.....				(.....)
How long in business	Date present ownership began	Type of business		
.....				
Main contact	Phone	Fax	eMail	
.....				

TRADE CREDIT REFERENCES

Vendor Name	Phone	Fax
.....	(.....)	(.....)
Vendor Name	Phone	Fax
.....	(.....)	(.....)
Vendor Name	Phone	Fax
.....	(.....)	(.....)

The Customer, if approved, has been extended credit (Net 30) by Strasser Woodenworks, Inc., and agrees to pay any outstanding invoice **no later than 30 days (thirty days) from the date of the invoice** from Strasser Woodenworks. A late charge equal to the lesser of 1½% per month (18% per annum) or the maximum amount permitted by law may be owing on all past due invoices until paid in full. The Customer agrees to pay all collection costs and attorney's fees incurred by Strasser Woodenworks in collection of the debt owed by Customer if Strasser Woodenworks deems collection action necessary.

We certify that all the information on this form is correct. We understand Strasser Woodenworks, Inc.'s credit terms and agree to the proper payment in consideration of extended credit. My signature below authorizes all agencies listed on this application as a credit reference to release information about our company's credit history with them.

Authorized Representative	Printed Name	Title	Date
...../...../.....

Strasser Woodenworks internal use only

Account # Parent # Sales Group # Approved Denied

Complete and email, fax or mail to Peter Ollestad

peter@strasserwood.com Fax: 800 788 2047 PO Box 446, Woodinville, WA 98072

Phone: 800 445 0494