



**FLAGSHIP Forest Products, Inc.**  
**Specialty Distribution to the Independent Lumber Dealer**  
OFFICE (Toll Free): 888-479-3999 • Fax: 978-568-0251

## APPLICATION FOR CREDIT

DATE: \_\_\_\_\_

RESALE #: \_\_\_\_\_ FIRM NAME: \_\_\_\_\_  
(PLEASE ATTACH COPY OF CERTIFICATE)

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ OTHER \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

### REFERENCES:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

REMARKS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_