



P. O. BOX 1983

LARGO, FLORIDA  
33779-1983

TOLL FREE (800) 282-3651  
(727) LUMBER1  
FAX (727) 585-9372

## Application for Line of Credit

To open a line of credit with Hearin Lumber Co, Inc. please provide the following information:

◆ Business Information:

Company: \_\_\_\_\_ Date established: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Incorporated under the State Law of \_\_\_\_\_ for \_\_\_\_ years.

Type of business:     Partnership     Individual Proprietorship     Corporation

◆ Principals:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>City</u>	<u>St</u>	<u>Zip</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

◆ Credit References:

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

◆ Your suppliers: (provide references you purchase from under an open account)

<u>Company Name</u>	<u>Address</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Phone</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Amount of desired monthly credit: \_\_\_\_\_

◆ Miscellaneous: **A copy of your current Annual Resale Certificate is required.**

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Printed name of Company Representative

\_\_\_\_\_  
Date

•• Mail or fax - attn. Teresa Wozniak, Credit Manager, Hearin Lumber Co., Inc. ••