

HUTCHISON LUMBER, INC



CREDIT APPLICATION

PLEASE COMPLETE THE FOLLOWING,
 HAVE THE APPLICATION SIGNED BY THE PRINCIPAL OR OFFICER FOR THE INDIVIDUAL/COMPANY ACCOUNT.
 OWNER MUST SIGN THE GUARANTY/AUTHORIZATION ON THE BACK OF THIS FORM.
 ALL PROVIDED INFORMATION WILL BE KEPT IN STRICT CONFIDENCE.
 PLEASE MAIL ORIGINAL APPLICATION TO YOUR LOCAL STORE LOCATION.

APPLICANT (GUARANTOR'S) NAME _____		FIRM NAME _____	
MAILING ADDRESS _____		GUARANTOR'S SSN# (REQUIRED) _____	DATE OF BIRTH _____/_____/_____
CITY, STATE _____	ZIP _____	TELEPHONE NUMBER _____	
E-MAIL ADDRESS _____		FAX NUMBER _____	

JOB SITE PHYSICAL ADDRESS _____

OWN _____ RENT _____ CORP _____ PARTNERSHIP _____ INDIVIDUAL _____

PRINCIPALS/OFFICERS/OWNERS/PARTNERS, ETC.

NAME _____	TITLE _____	NAME _____	TITLE _____
NAME _____	TITLE _____	NAME _____	TITLE _____

ARE YOUR PRODUCTS TAXABLE? YES NO
 IF NO, PLEASE PROVIDE A COPY OF YOUR TAX CERTIFICATE
 ESTIMATED AMOUNT OF PURCHASES PER MONTH _____

AUTHORIZED BUYERS

CONSTRUCTION LOAN/BANK REFERENCE

NAME OF BANK _____	ADDRESS _____	CITY, STATE _____	ZIP _____
BANK/LOAN OFFICER _____	ACCOUNT # _____		

CREDIT TRADE REFERENCES

NAME _____	NAME _____	NAME _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
CITY, STATE _____ ZIP _____	CITY, STATE _____ ZIP _____	CITY, STATE _____ ZIP _____
TELEPHONE _____	TELEPHONE _____	TELEPHONE _____

TERMS OF PAYMENT

APPLICANT AGREES WHEN CREDIT IS EXTENDED BASED UPON THIS CREDIT APPLICATION, TO PAY FOR ALL CHARGES BY THE 24TH OF THE FOLLOWING MONTH FROM THE DATE OF PURCHASE. IF NOT PAID BY THAT DATE, THE ACCOUNT IS IN DEFAULT AND APPLICANT AGREES TO PAY A 1.75% FINANCE CHARGE PER MONTH AND ANY COSTS FOR COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES, GARNISHMENT AND/OR IRS CODE 76-23 IS ALSO APPLICABLE TO FULFILL THIS DEBT.

TERMS: 1% DISCOUNT BY THE 10TH BEFORE THE SALES TAX, TOTAL DUE 24TH:

FROM: HUTCHISON LUMBER, INC
RE: CREDIT INQUIRY

TO: _____
ATTN: _____
FAX#: _____

DEAR CREDIT DEPARTMENT:

THE FOLLOWING NAMED INDIVIDUAL/COMPANY HAS REQUESTED OPEN CREDIT TERMS WITH US AND HAS GIVEN YOUR NAME AS A CREDIT TRADE REFERENCE. WE WOULD APPRECIATE INFORMATION ON YOUR EXPERIENCE WITH THE APPLICANT. ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND WE WILL RECIPROCATATE YOUR REQUESTS ON CREDIT INQUIRIES. THANKS FOR YOUR ASSISTANCE!

AUTHORIZATION AND *INDIVIDUAL GUARANTY*

APPLICANT (GUARANTOR'S) NAME (printed)

APPLICANT (GUARANTOR'S) NAME (printed)

GUARANTOR'S SIGNATURE

GUARANTOR'S SIGNATURE

I (WE) ON THIS DATE _____, AUTHORIZE HUTCHISON LUMBER, INC. TO CONTACT OUR CREDIT TRADE REFERENCES TO INVESTIGATE OUR CREDIT WORTHINESS THAT WE MIGHT ESTABLISH OR MAINTAIN A LINE OF CREDIT.

I (WE) FURTHER AGREE TO THE TERMS OF PAYMENT AND GUARANTOR(S), INDIVIDUALLY ABSOLUTELY GUARANTEE TIMELY PAYMENT TO HUTCHISON LUMBER, INC.

CREDIT INFORMATION REQUESTED ON APPLICANT FROM YOU:

APPLICANT (GURANTOR'S) NAME

COMPANY NAME

DATE ACCOUNT OPENED _____

RECENT HIGH CREDIT _____

YOUR TERMS _____

CURRENT BALANCE _____

DATE OF LAST PURCHASE _____

AMOUNT PAST DUE _____

PAYMENT HISTORY: 30 DAYS____ 60 DAYS____ 90 DAYS____ 120 DAYS +____ NSF CHECKS? YES NO

OTHER COMMENTS _____

YOUR NAME _____ TITLE _____

HUTCHISON LUMBER, INC.



PLEASE RETURN FAX TO:

PINE

186 MOUNT EVANS BLVD
PINE, CO 80470

FAX: 303-838-7167

hutchpine@aol.com

FAIRPLAY

PO BOX 850
HWY 285
FAIRPLAY, CO 80440

FAX: 719-836-0113

hutchfairplay@aol.com

FLORISSANT

PO BOX 174
1920 CR 31
FLORISSANT, CO 80816

FAX: 719-748-8684

hutchflorissant@aol.com