



Business Account Application

P.O. Box B
 Belfast, ME 04915
 207-338-3480
 www.vikingleumber.com

Salesperson:	Location:	Date:
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Company Information New Account Credit Limit Increase

Legal Business Name:	Federal Tax ID:
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Mailing Address:	City:	State:	Zip:
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Street Address:	City:	State:	Zip:
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Business Phone:	Fax:	Email:
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Date Business Started:	Business Type: <input type="checkbox"/> Coporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	State of Incorporation:
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Accounts Payable Contact & Number:	Estimated Monthly Purchases:
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Credit Limit Requested:	Purpose of Account: New Construction? Y or N
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Company Principals (Owners, Officers, Stockholders)

Have you or any other principal of the company filed bankruptcy? Yes No (if yes, explain in detail and attach to application)

Name:	Title:
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Mailing Address:	City:	State:	Zip:
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Phone Number:	Social Security No:	DOB:
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Previous Address:	City:	State:	Zip:
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Name:	Title:
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Mailing Address:	City:	State:	Zip:
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Phone Number:	Social Security No:	DOB:
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Previous Address:	City:	State:	Zip:
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**If there are additional principals, please attache a separate sheet with the required information

Business References

Name:	Phone:	Contact:
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Address:	State:	Zip:
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Name:	Phone:	Contact:
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Address:	State:	Zip:
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Bank Reference Checking Savings Loan Construction Loan

Name:	Phone:	Contact:
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Address:	State:	Zip:
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Bank Reference Checking Savings Loan Construction Loan

Name:	Phone:	Contact:
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Address:	State:	Zip:
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Company Name: _____

Invoice, Billing & Statement Options : please choose any combination that works for you

Invoices: Email <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Monthly Statements:
Print <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Emailed <input type="checkbox"/> Printed <input type="checkbox"/> Faxed
Fax <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

Sales Tax Exempt? YES NO *If Yes please attach a copy of your tax exempt certificate

Individuals Authorized to Charge to Account

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

CUSTOMER AGREEMENT

I / We jointly and severally acknowledge that all bills are due and payable within thirty (30) days of the end of the billing cycle, (to wit, the twenty-fifth of each month). I / We also jointly and severally acknowledge that if the account has a balance over thirty (30) days, a monthly service charge of 1.5% per month (annual rate of 18%) will be computed on overdue balances and will be paid immediately and as charged, along with any fees for collection of our account, including attorney's fees.

This information has been given for the purpose of obtaining credit and is certified and warranted to be true. I / We agree that the bank and trade references are provided to all Viking, Inc. to contact them to use in its credit decision. I / We agree also that Viking, Inc. may request further credit information about me/us from a credit reporting agency.

I / We do hereby personally, jointly and severally guarantee payment of this account at all times. If this account is opened in the name of a corporation, the undersigned and the principals personally guarantee payments for amounts (including interest and collection fees) owed on the account.

Signature Date

Signature Date

For Office Use	
Customer #:	_____
Limit:	_____
Terms:	_____