



Phone: 479.637.1616  
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[www.pinemooreshavings.net](http://www.pinemooreshavings.net)

P.O. Box 128  
Dierks, AR 71833

**APPLICATION FOR CREDIT**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Applicant's Sales Tax Status  Exempt  Non-Exempt (If Applicant is exempt, send tax-exemption certificate in with this application.)

**OWNERS/OFFICERS/PROPREITORS**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_ SS#: \_\_\_\_\_

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

**TRADE REFERENCES**

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

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

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

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

**BANK REFERENCES**

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

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

Account No.: \_\_\_\_\_ Type of Account: \_\_\_\_\_

If the Applicant's Application for Credit is approved by PineMoore Shavings, Inc. ("PineMoore"), the Applicant and PineMoore agree as follows:

1. Payment in full is due within fifteen (15) days of PineMoore's invoice. After 30 days of non-payment, a late fee of 2% shall be charged to Applicant on any and all funds due.
2. In the case of default of payment by Applicant, any and all costs associated with collection, including, but not limited to legal fees, court costs and collection fees, shall be paid by the Applicant.
3. Applicant authorizes PineMoore to investigate the references listed above, and to contact credit reporting agencies for the purpose of determining the credit status and financial responsibility. All information given is warranted to be true by Applicant. By completion of this Application for Credit, the Applicant hereby gives the above named references permission to disclose its experiences to PineMoore. PineMoore shall only use the information disclosed in this application for purposes of evaluating creditworthiness, and all information regarding the Applicant will remain confidential.

APPLICANT

PINEMOORE SHAVINGS, INC.

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

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

Print: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Representative

*Applicant should mail or fax the completed form to the address or fax number listed above.*

FOR OFFICE USE ONLY:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Open Account Limit: \_\_\_\_\_