



2525 Marin Street, San Francisco, CA 94124
Tel: (415) 824-4300 • Fax: (415) 824-3706

CREDIT APPLICATION

ACCT. # _____

In applying for an open account in accordance with your regular terms of less 1% 10 days, net 30, we submit the following information.

COMPANY NAME _____ DATE _____

STREET _____ CITY _____ ZIP _____

PHONE () _____ FAX () _____ STATE _____
CONTRACTOR LICENSE # _____

OWNER, PARTNERS, OR SHAREHOLDERS:

NAME _____ STREET _____ CITY _____ ZIP _____

PHONE () _____ SOC. SEC. # _____ DR. LIC.# _____ BIRTHDATE _____

NAME _____ STREET _____ CITY _____ ZIP _____

PHONE () _____ SOC. SEC. # _____ DR. LIC. # _____ BIRTHDATE _____

NATURE OF BUSINESS _____

BUSINESS IS: ☐ INDIVIDUAL OWNER ☐ PARTNERSHIP ☐ CORPORATION

YEAR ESTABLISHED _____ HOW LONG AT PRESENT LOCATION? _____ RESALE # _____

NAME OF PURCHASING AGENT OR BUYER _____ E-MAIL _____

NAME OF PERSON WHO PAYS BILLS _____

REQUIREMENTS ON INVOICES: ☐ WRITTEN PURCHASE ORDERS ☐ VERBAL PURCHASE ORDERS ☐ JOB IDENTIFICATION

CONTACT PERSON AT BERONIO _____ NUMBER OF CREDIT CARDS REQUESTED _____

CREDIT AMOUNT REQUESTED _____

TRADE AND BANK REFERENCES (LIST ONLY FIRMS YOU PURCHASE FROM ON ACCOUNT)

T R A D E	NAME _____	PHONE () _____	CONTACT _____
	ADDRESS _____	CITY _____	ZIP _____
T R A D E	NAME _____	PHONE () _____	CONTACT _____
	ADDRESS _____	CITY _____	ZIP _____
T R A D E	NAME _____	PHONE () _____	CONTACT _____
	ADDRESS _____	CITY _____	ZIP _____
B A N K	BANK REFERENCE _____ BRANCH _____ CONTACT _____		
	☐ SAVINGS ACCT. # _____ ☐ CHECKING ACCT.# _____		
	☐ LOANS ACCT. # _____ OTHER _____		

PLEASE READ THE FOLLOWING CLAUSE CAREFULLY AND SIGN.

I understand that Beronio Lumber Company reserves the right to limit or deny future extensions of credit. I agree to pay service charge/interest of 1-1/2% per month (18% per annum) on all overdue balances. In the event that this account must be placed in the hands of an attorney to enforce payment, I agree to pay all court costs, including, but not limited to, reasonable attorney's fees. I hereby give authorization to release bank information to Beronio Lumber Company.

SIGNED X _____ TITLE _____

If a corporation, I personally guarantee payment for all purchases made by applicant.

SIGNED X _____ DATE _____

Please Fax this form to us at 415-824-3706 or mail it. **DO NOT EMAIL THIS FORM.**