



## CREDIT APPLICATION

### COMPANY INFORMATION

FULL LEGAL BUSINESS NAME	BUSINESS PHONE	
DOING BUSINESS AS OR ALSO KNOWN AS	BUSINESS FAX	
BUSINESS E-MAIL		
ADDRESS		
CITY	STATE	ZIP CODE

RETURN TO:	
CONTACT	Carol Blair
DIVISION	Woodland, WA
PHONE	360-225-8267
FAX	360-225-7659
E-MAIL	<a href="mailto:creditapp@usnr.com">creditapp@usnr.com</a>

BILLING ADDRESS (IF DIFFERENT)	PO REQUIRED?
	Yes      No
SHIPPING ADDRESS (IF DIFFERENT)	

CITY	STATE	ZIP CODE	ANTICIPATED MONTHLY ORDER VOLUME
BILLING CONTACT NAME	TITLE	BILLING PHONE	BILLING FAX
PURCHASER NAME	TITLE	PURCHASER PHONE	PURCHASER FAX

Please list three (3) credit references:		
Company Name:	Phone:	Fax:

### BUSINESS INFORMATION

TAXPAYER ID NUMBER	IN BUSINESS SINCE	COMPANY ANNUAL REVENUE (LESS OR GREATER THAN 1,000,000.00)		
BANK NAME	ACCOUNT NUMBER	CITY	STATE	PHONE & FAX NUMBER

The undersigned certifies that all statements in this application are true, correct and complete.  
 The undersigned authorizes USNR to make such inquiries and gather such information as deemed necessary and reasonable concerning any information about this business and its principles provided on this application.

<b>(Print) Applicants Name</b>	<b>Applicants Signature</b>	<b>Title</b>	<b>Date</b>

Must be digitally signed, or printed,  
signed, and returned to USNR.