



# Downes & Reader Hardwood Co., Inc.

Headquarters  
P.O. Box 456 - Evans Drive  
Stoughton, Mass. 02072

Wholesale Distributors of Hardwood,  
Softwood Lumber, Mahogany and Plywood

Tel. (781)-341-4092 . (800)-788-5568 . Fax (781)-341-9065

## OPEN ACCOUNT/CREDIT APPLICATION

*Any application not completed IN FULL will not be processed and shall be DENIED.*

<b>Credit Line Requested:\$</b> _____				
<b>General Company Information</b>				
Business Name _____			Tax ID# _____	
Type of Business: Corporation: Proprietorship: Partnership: LLC: Trust: Other: (Please Circle One )				
Billing Address _____			County _____	
City _____		State _____	Zipcode _____	
Telephone # (____) _____		Fax # (____) _____	Email _____	
*****				
Shipping Address _____			County _____	
City _____		State _____	Zipcode _____	
<b>Corporation, Partnership, LLC, Trust Officer, Partner, Trustee Information</b>				
Officers Name _____	Title _____	Home Address _____	SSN/Drivers Lic # _____	Date of Birth _____
Tel # (____) _____		Cell# (____) _____	Email _____	
*****				
Officers Name _____	Title _____	Home Address _____	SSN/Drivers Lic # _____	Date of Birth _____
Tel # (____) _____		Cell# (____) _____	Email _____	
*****				
Officers Name _____	Title _____	Home Address _____	SSN/Drivers Lic # _____	Date of Birth _____
Tel # (____) _____		Cell# (____) _____	Email _____	
<b>Proprietorship Information</b>				
Owner Full Name _____	Title _____	Home Address _____	SSN/Drivers Lic # _____	Date of Birth _____
Tel # (____) _____		Cell# (____) _____	Email _____	
*****				
Owner Full Name _____	Title _____	Home Address _____	SSN/Drivers Lic # _____	Date of Birth _____
Home Tel # (____) _____		Cell# (____) _____	Email _____	

**BANKING & TRADE CREDIT REFERENCES**

*Banking Information*  
 Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Tel # (\_\_\_\_) \_\_\_\_ \_\_\_\_  
 Contact Name \_\_\_\_\_ Account # \_\_\_\_\_

Trade Credit References –  
**WORKING FAX NUMBERS ARE REQUIRED. IT IS IMPORTANT TO COMPLETE ALL INFORMATION.  
 PLEASE INCLUDE HARDWOOD SUPPLIERS IF POSSIBLE.**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Tel # (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Tel # (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Tel # (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Tel # (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Tel # (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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Accounts Payable Contact Person \_\_\_\_\_ Tel # \_\_\_\_\_  
 Email \_\_\_\_\_

The undersigned agrees to pay interest at the rate of 1.5%/month for all amounts outstanding beyond our terms of 1%/10 days, net 30 days from invoice date. **In order to receive a 1% 10-day discount, payment must be in the form of cash or check only.** In consideration of extension of credit to the above named business entity, the undersigned principals, jointly and severally, personally, individually, guarantee payment of all amounts due Downes & Reader Hardwood Co., Inc. The business entity agrees to pay collection and attorney fees incurred if account is referred to outside agency/attorney for collection. For all matters that involve the court, the parties hereby agree to submit to the jurisdiction of the court located in Norfolk County, Massachusetts, USA.

I/WE hereby authorize Downes and Reader Hardwood to investigate the references listed pertaining to my/our credit and financial responsibilities. I/WE authorize the Bank references shown to release information pertaining to my/our account.

Customer acknowledges that Downes & Reader Hardwood Co., Inc. has accepted facsimile transmission as a binding contract. Customer agrees that a facsimile will be binding as an original and shall be used by Downes & Reader in any proceeding in any jurisdiction without the need for additional authentication. Goods have been shipped to Customer in reliance of this understanding.

**Signature** \_\_\_\_\_  
**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
 05/11/2015

*Please include your Sales Tax Exempt Form with this application. If the form is not received we are required to charge sales tax.  
 In order to expedite your request for open account terms, it is most important that this application be completed in its entirety.*