



P.O. Box 707 Columbus, NE 68602-0707  
Phone: (888) 817-0131 Fax: (402) 564-9508

## Application for Credit

.....  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Federal ID No:** \_\_\_\_\_

**Type of Entity:** Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

**Name of Principal Owner or Officer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

.....  
Please provide three credit references that we may contact.

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

.....  
**Bank Information**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

.....  
The above-name company hereby authorizes the above references to provide credit information to COPPER CARE WOOD PRESERVATIVES, INC. for the purpose of establishing an account with said Company.

**Signature of Owner/Officer:** \_\_\_\_\_