



SINCE 1927  
1407 Corporate Dr. Parsons, KS 67357 1-888-421-5010

## ***Makers of the Woodhaven Firewood Rack***

### **CREDIT INFORMATION**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Type of Business \_\_\_ Proprietorship \_\_\_ Partnership \_\_\_ Corporation  
Name of Principals \_\_\_\_\_  
SALES TAX EXEMPTION # \_\_\_\_\_  
We prefer to pay by credit card \_\_\_ Yes \_\_\_ No (If yes, skip references.)  
MC VISA AMEX DISC # \_\_\_\_\_ Expires \_\_\_\_\_

### **BANK REFERENCES MAIN BANK (1)**

Acct. # \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### **TRADE REFERENCES**

Vendor must be current and should have experienced at least equal amount requested.

(NOTE: All information supplied is strictly confidential and will be handled as such.)

(1) Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

(2) Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

(3) Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Return Fax: 620-421-5011