



# Brazos Forest Products L.P.

2760 North Great SW Pkwy, Grand Prairie, Texas 75050

Grand Prairie: Tele (972) 602-1777 Fax: (972)602-0224    Austin Tel: (512) 443-0777 Fax (512) 443-0855  
Houston Tele: (713) 329-5870 Fax: (713) 329-5871    Louisiana Tele: (225) 271-3560 Fax (225)271-3580

Business name : \_\_\_\_\_

Billing Address : \_\_\_\_\_

City/State/Zip : \_\_\_\_\_

Ship to Address : \_\_\_\_\_

City/State/Zip : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Cheque Signer's DL# : \_\_\_\_\_ Exp: \_\_\_\_\_ state: \_\_\_\_\_

(If the method of payment is cheque, the Driver License# of cheque writer is required.)

Is your Business Tax Exempt: Yes \_\_\_\_\_ No \_\_\_\_\_ 11 Digit TX Resale# \_\_\_\_\_

(Please fax a copy of the exemption certificate & fill out the Texas State Exemption Certificate completely. If the status changes from non taxable to paying tax, it will be your responsibility to submit the change).

Federal ID: \_\_\_\_\_ SSN#: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate contact: \_\_\_\_\_

*Optional information: for the convenience of our customers, we give option to keep C/C on file. We take MasterCard, Visa & Discover. Please fax the C/C authorization form signed with this application.*

Credit Card #: \_\_\_\_\_ Card Expires: \_\_\_\_\_

3digit Security: \_\_\_\_\_ Business/Personal Card: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

(zip code where the c/c stmts are received)

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is Business in city Limits? \_\_\_\_\_ Can you accept 18 Wheelers? \_\_\_\_\_

Do you have Forklift? \_\_\_\_\_ Business Hours \_\_\_\_\_

*Note/Special Instruction: I hereby agree & authorize Brazos Forest Products L.P. to charge my cr card for open invoices on my account. If the material is dropped without a check when a promise is made to mail the check, I agree to pay late fees on the invoices older than 30days, 1.5% per month or up to the maximum legal limit, whichever is lower. Any changes in ownership, Business Name or the business Structure must be notified in writing by certified mail.*

Office use only:

Customer# \_\_\_\_\_ Zone: \_\_\_\_\_ Date Opened \_\_\_\_\_