



John A. Biewer Co. Inc.  
 812 S. Riverside  
 St. Clair, MI 48079  
 Main Phone: 810-561-5800  
 www.BiewerLumber.com

Subsidiaries:  
 Biewer Sawmill Inc.  
 Biewer Wisconsin Sawmill Inc.  
 Affiliates:  
 Biewer Lumber LLC  
 Biewer Industrial Lumber LLC  
 Biewer Sawmill Lake City LLC  
 Biewer Sawmill Newton LLC  
 Biewer Forest Management LLC

**Credit Application**

**Company Information (required)**

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Full Legal Company Name: \_\_\_\_\_

DBA (if different): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Is the business a subsidiary? Yes: \_\_\_ No: \_\_\_ If yes, name of Parent Company: \_\_\_\_\_

Address and Phone Number of Parent Company: \_\_\_\_\_

Company website: \_\_\_\_\_ Dun & Bradstreet number: \_\_\_\_\_

Type of company: Corporation \_\_\_ Partnership \_\_\_ Individual \_\_\_ LLC: \_\_\_ Federal/EIN: \_\_\_\_\_

Length of time present owners have operated this company: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Are your purchases taxable? \_\_\_ If no, Sales tax number: \_\_\_\_\_

**If claiming sales tax exemption status you must attach a State Tax Exemption Form or tax will be charged.**

Credit line requested: \_\_\_\_\_ Anticipated monthly purchases: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ A/P Phone Number: \_\_\_\_\_

A/P email or fax to receive invoices: \_\_\_\_\_

**Bank Reference (reference sheet may be substituted)**

Bank Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Officer's name: \_\_\_\_\_

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

**Trade References (reference sheet may be substituted-EMAIL IS PREFERRED)**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email or Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email or Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email or Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email or Fax: \_\_\_\_\_

Incomplete applications will delay processing. It is very important to provide the contact info for references.  
 Last page must be signed by an owner, officer or partner. Please allow 5 business days for processing.  
 Please email completed application directly to the Sawmill Department at sawmills@biewerlumber.com.

By submitting this application it is agreed that the following conditions are acceptable:

- John A. Biewer Co. Inc. and its subsidiaries and affiliates are authorized to contact the listed banking and trade references as well as any credit reporting services or other sources in determining whether to extend credit to the applicant and to reporting information regarding the customer's account at any time.
- All accounts past due are subject to a service charge of 1 ½ % per month (18% annually). Any account reaching 60 days past due will be placed on COD and appropriate collection procedures will be taken.
- If for any reason the account has to be submitted to collections, all costs incurred, including attorney fees will be paid by the customer. The customer agrees that it is subject to jurisdiction of the Michigan courts for any collection action or dispute arising under this agreement and that venue for such dispute shall take place in St. Clair County.
- We certify that the information on this form is correct and that we fully understand your terms and agree to proper payment.

Officer Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONAL GUARANTEE

Guarantee must be provided by an owner, officer or partner. All information must be completed to be accepted.

In consideration of the extension of credit by John A. Biewer Co. Inc. and its subsidiaries and affiliates to: \_\_\_\_\_, I, the undersigned individual, do hereby personally and unconditionally guarantee all obligations of the Company under this extension of credit, including the payment of any and all sums due on said account, including collection costs, service charges and attorney's fees, within 30 days of demand for same by John A. Biewer Co. Inc. and its subsidiaries and affiliates.

Signature of Guarantor: \_\_\_\_\_

Printed name of Guarantor: \_\_\_\_\_ Title: \_\_\_\_\_

SSN #: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

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