

# PETERMAN LUMBER INC.

10330 Elm Avenue • Fontana, California 92337 • (909) 357-7730  
 5625 Arville Street, Suite C-D • Las Vegas, Nevada 89117 • (702) 430-3433  
 4110 W. Washington Street, Suite 200 • Phoenix, Arizona 85009 • (623) 936-2627

### For Office Use Only

Customer #:

### Approved Payment Made

Cash Only \_\_\_\_\_  
 Check \_\_\_\_\_  
 Reviewed by \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 Salesperson \_\_\_\_\_  
 Resale Card on File \_\_\_\_\_

## COD Customer Information

EMAIL: [sallym@petermanlumber.com](mailto:sallym@petermanlumber.com) • FAX: 909-355-1194

Company / Nombre de Compania		Phone / Teléfono		Fax	
Billing Address / Domicilio		City / Ciudad		State / Estado	Zip /Codigo Postal
Delivery Address / Direccion de Entrega		City / Ciudad		State / Estado	Zip /Codigo Postal
<b>Email / Correo Electronico</b>					
Type of Business: / Tipo de Negocio: <input type="checkbox"/> Sole Proprietor / Propietario unico <input type="checkbox"/> Partnership / Sociedad <input type="checkbox"/> Corporation / Corporacion			Date Business Started: / Fecha de Inicio del Negocio:		
Products Mfg'd: / Producto Fabricado:			<input type="checkbox"/> Full Time / Tiempo Completo <input type="checkbox"/> Part Time / Medio Tiempo <input type="checkbox"/> Personal Use / Uso Personal		
If Part Time - Name of Employer: / Si es Medio Tiempo - Nombre del Empleador:			City / Ciudad		State / Estado
<input type="checkbox"/> General Contractor / Contratista General Licence #: / Num. de Lic.:		<input type="checkbox"/> Cabinet/ Fixture/ Furn Mfg. Manufacturacion de Gabinetes/ Muebles/ Otro		Drivers Lic #: / Num. De Lic.:	
Owners Name / Nombre Del Dueño		Home Phone / Num. Tel. de Casa		Social Security / Num. de Seguro Social	
Home Address / Domicilio de Casa		City / Ciudad		State / Estado	Zip /Codigo Postal
<b>COMMERCIAL BUSINESS REFERENCES / Referencias de Negocios</b>					
Company #1 / Compania			Company #2 / Compania		
Address / Direccion			Address / Direccion		
City / Ciudad	State / Estado	Zip /Codigo Postal	City / Ciudad	State / Estado	Zip /Codigo Postal
Bank Reference / Referencia del Banco Name: / Nombre:			Account #: / Num. de Cuenta:		
Address / Direccion			City / Ciudad		State / Estado
					Zip /Codigo Postal

IN THE EVENT IT BECOMES NECESSARY TO FILE SUIT TO ENSURE PAYMENT OF ANY DISHONORED CHECKS OR UNPAID PURCHASES, PETERMAN LUMBER, INC. SHALL BE ENTITLED TO ALL COST INCURRED. CONSEQUENTLY IF THERE IS LITIGATION COMMENCED TO ENFORCE THIS GUARANTEE, THE VENUE FOR SUCH ACTION SHALL BE IN SAN BERNARDINO COUNTY, CALIFORNIA, OR AT THE DISCRETION OF PETERMAN LUMBER, INC. I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT PETERMAN LUMBER, INC. MAY VERIFY THE ABOVE INFORMATION CONCERNING THE UNDERSIGNED'S CREDIT PERFORMANCE UNDER THIS AGREEMENT.

SIGNATURE: / Firma: \_\_\_\_\_ TITLE: / Titulo: \_\_\_\_\_ DATE: / Fecha: \_\_\_\_\_