



# Brazos Forest Products L.P.

2760 North Great SW Pkwy, Grand Prairie, Texas 75050

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

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

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

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

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

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

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

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

Owner's Name(s): \_\_\_\_\_

Cheque Signer's DL# : \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

(COPIES OF DL & OR CARDS WILL BE NEEDED IN ORDER TO ACCEPT CHECK AND CREDIT CARD.)

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

Home Phone: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Name on Card #: \_\_\_\_\_ Card Expires: \_\_\_\_\_ CVV: \_\_\_\_\_

CC Billing Zip Code: \_\_\_\_\_ Card Holder's Signature & Date: \_\_\_\_\_

A copy of the Credit Card and Driver License is required as proof of this authorization. The applicant agrees that all information provided is accurate and complete. The applicant also acknowledges that all orders may be immediately terminated at Brazos Forest Product's discretion if any charges are declined, or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to [Parul.mehta@brazosfp.com](mailto:Parul.mehta@brazosfp.com). Changes in the status of this card should be promptly reported. I authorize Brazos Forest Products LP to charge the Card in the event my account becomes more than 90 days Delinquent. On all Credit card transactions, 1.8% uplift will be applied to noncash transactions on the sales total amount for Visa/MasterCard/American Express and Discover. The alternate mode of payment can Be Cash, Cashiers' check, Money order, Ach & Wire Transfers. **Note/Special Instruction:** I hereby agree & authorize Brazos Forest Products L.P. to charge my card for all 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.

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

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

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**OFFICE USE ONLY:** Customer# \_\_\_\_\_ Sales Rep: \_\_\_\_\_ Zone: \_\_\_\_\_

Delivery Area: \_\_\_\_\_ Date Opened: \_\_\_\_\_