



Credit Application

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Forestry First, LLC | 135 Fergon Rd | Lexington, SC 29072

B U S I N E S S	BUSINESS NAME						
	PHYSICAL ADDRESS (NO PO BOXES)			CITY	STATE	COUNTY	ZIP CODE
	TYPE OF BUSINESS			BUSINESS PHONE NO.	FAX NO.	CELL PHONE NO.	
	OWNERSHIP SOLE PROPRIETORSHIP PARTNERSHIP S-CORP C-CORP LLC					E-MAIL ADDRESS	
	NO. OF EMPLOYEES	STATE OF INCORPORATION	DATE BUSINESS STARTED	FED. TAX ID	WEBSITE		

O W N E R S H I P	PRINCIPAL #1 NAME		TITLE	% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.	
	HOME ADDRESS (NO PO BOXES)		CITY	STATE	ZIP CODE	OWN RENT	HOME PHONE NO.
	PRIOR BANKRUPTCY? YES NO MONTH / YEAR DISCHARGED?			PRIOR REPOSSESSION / FORECLOSURE? YES NO			
	PRINCIPAL #2 NAME		TITLE	% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.	
	HOME ADDRESS (NO PO BOXES)		CITY	STATE	ZIP CODE	OWN RENT	HOME PHONE NO.
PRIOR BANKRUPTCY? YES NO MONTH / YEAR DISCHARGED?			PRIOR REPOSSESSION / FORECLOSURE? YES NO				

B A N K	NAME OF PRIMARY BANK	CONTACT	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT NO.	SAVINGS ACCT NO.	BORROWING RELATIONSHIP? YES NO

L O A N S	COMPANY NAME	TELEPHONE NO.	CONTACT PERSON	ACCOUNT NO.

I/We hereby authorize the release of any and all credit information to Forestry First, LLC and its assigns or agents from the above listed references, and certify that all is true and correct to the best of my knowledge. The undersigned individual(s), recognizing that his/her/their individual credit histories may be a factor in the evaluation of the credit application, hereby consents to and authorizes the above named business credit provider to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X _____
 SIGNATURE

 TITLE DATE

X _____
 SIGNATURE

 TITLE DATE