



ALPINE LUMBER BUENA VISTA
212 N Colorado Avenue
PO Box 2014
Buena Vista, CO 81211
ph 719.395.8601 | fax 719.395.8496
creditapps_buenavista@alpinelumber.com

CASH ACCOUNT APPLICATION

Business or Acct Holder's Name: _____

Owner / Manager Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: (_____) _____

Email: _____

Customer warrants that all information provided is true and correct and that Customer is solvent, in good standing and able to pay for all materials and building supplies ordered, irrespective of the acts or omissions of third parties. Customer warrants and represents that the materials and products supplied by Alpine or its affiliates, now or in the future, are not supplies for use in connection with the construction, maintenance or operation of any property or facility that grows, manufactures, distributes or sells marijuana or marijuana-based products.

Signature _____ Date _____

FOR OFFICE USE ONLY

WHS# _____ S/R _____ TAX C _____ P/B _____

MANAGER'S SIGNATURE