

ALPINE LUMBER EAGLE 111 E Chambers Avenue PO Box 490 Eagle, CO 81631 ph 970.328.6306 | fax 970.328.6270 creditapps\_eagle@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		