



ACCOUNT AUTHORIZATION FORM

(Please Print Clearly)

PLEASE RETURN TO:

Account Management
5630 NE Century Blvd
Hillsboro, OR 97124
Fax: 503-941-4541

Account Name		
Parr Account Number		
Phone Number		
Email Address		
*Reseller Permit #		Set Account as Non-Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No

****Statements Delivered by:** Email US Mail

****Emailed Invoices Nightly:** Yes No

**If a valid reseller permit number is not provided the account will default to taxable status*

****If no box is checked above, invoices and statements will be sent per Parr Lumber Company's standard billing practices**

A. The following persons are authorized to charge to this Account:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Purchase Order Number Required:

Yes No

B. By Signing this Account Authorization Form, The Account Payer agrees to the following:

1. Account Payer will be invoiced and responsible for all charges made to its Account unless the charges are allowed by Parr Lumber Company contrary to the directions in Part A of this Account Authorization Form
2. Invoices and Charges are subject to Parr Lumber Company's standard policies
3. If no Authorized Persons are designated on this Account Authorization form, the Account Payer agrees to be liable for all purchases charged to its Account

Name: _____ Signature: _____

Title: _____ Date: _____