



ACCOUNT AUTHORIZATION FORM

(Please Print)

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

Account Payer's Name: _____ Parr Lumber Company Account Number: _____

Phone: _____ Email Address: _____

Mailing Address: _____

Statements delivered by: E-mail US Mail Invoices nightly via email? Yes No
(If no box is checked above, invoices will be sent per Parr Lumber Company's standard billing practices.)

A. Account Authorization

The following Authorized Persons are authorized to charge to this Account.

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

**IF EITHER BOX IS CHECKED BELOW
CHARGES ARE ONLY AUTHORIZED IF THE AUTHORIZED PERSON PRESENTS:**

Purchase Order Number Written Purchase Order

Special instructions relating to Authorized Persons or charges to the Account: _____

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

- 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.
- Invoices and charges are subject to Parr Lumber Company's standard policies.
- If no Authorized Persons are designated on this Account Authorization Form, Account Payer agrees to be liable for all purchases charged to its Account.

Name:

Signature:

Title:

Date: