



ACCOUNT AUTHORIZATION FORM

Please Print Clearly

BUSINESS NAME:		
PARR ACCOUNT NUMBER:		
MAILING ADDRESS:		
CITY	STATE	ZIP CODE +4
PHONE:		
EMAIL:		

RESELLER PERMIT #	
SET ACCOUNT AS NON-TAXABLE?	YES NO

DELIVER STATEMENTS VIA:	EMAIL U.S. MAIL
EMAIL INVOICES NIGHTLY?	YES NO

If "NO" is checked above, invoices and statements will be sent per PARR Lumber Company's standard billing practices.

The following person(s) are authorized to charge to this account:

1.
2.
3.
4.
5.

6.
7.
8.
9.
10.

AUTHORIZATION

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. 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
3. Invoices and Charges are subject to PARR Lumber Company's standard policies
4. 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

PRINTED NAME:	SIGNATURE:
TITLE:	DATE:

Charges are only authorized if the authorized person presents a:

PURCHASE ORDER #	
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PLEASE RETURN FORM TO

AccountManagement@parr.com

PHONE: 503-608-6725
