

Date \_\_\_\_\_

## SLHS Wholesale Customer Information Form

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Website Address \_\_\_\_\_

**PERSONNEL:**

Owner/Manager \_\_\_\_\_

Sales Manager \_\_\_\_\_

Secretary \_\_\_\_\_

Accounts payable \_\_\_\_\_

Other \_\_\_\_\_

ORGANIZATION TYPE:  Corporation       Partnership       Sole Proprietor  
 Log Construction       General Construction

**Key Officers and/or Owners:**

Number of Employees \_\_\_\_\_ Number of Locations \_\_\_\_\_ Number of Years in Business \_\_\_\_\_

Exempt No. \_\_\_\_\_ Fed. ID No. \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Contractor's License No. \_\_\_\_\_

**Main Products/Services offered by your Company:** \_\_\_\_\_

**CONTRACTORS:** Please provide Names & Phone Numbers of 3 businesses that know you as a contractor.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Please Print and Fill out, then Fax back to Melody at (218) 326-2529 Thank You!

**SCHROEDER LOG HOME SUPPLY, INC.**  
1101 SE 7th Ave, Grand Rapids, MN 55744  
Phone 1-800-359-6614 FAX (218) 326-2529