



CREDIT APPLICATION

DATE: _____

FIRM NAME: _____

MAILING ADDRESS: _____

SHIPPING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

TYPE OF BUSINESS: _____ DATE ESTABLISHED: _____

FORM OF ORGANIZATION:

Sole proprietorship _____

Partnership _____

Corporation _____

NAME & ADDRESS OF OWNER(S), PARTNERS, OFFICERS

BANKING REFERENCE: (BRANCH & ACCOUNT NUMBER)

CONTACT: _____ FAX NUMBER: _____

SUPPLIERS: Please complete with Name, Address, Contact & FAX Number.

1. _____

2. _____

3. _____

4. _____

Credit Application

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Approx. Credit Limit Requested: _____

TERMS: PAYMENT DUE 30 DAYS FOLLOWING INVOICE DATE.

It is agreed that we will pay a monthly service charge of 1 1/2% on all past due invoices. This agreement entered into in the City of Seattle, Washington. In the event that this account becomes delinquent, then the entire balance plus any, and all accrued service charges will be due and payable immediately. Applicant also agrees, that if collection procedures are instituted to enforce collection on this account, to pay any, and all necessary collection costs. The undersigned certifies that all information in this Credit application is complete, factual and correct, and understands the Supplier will rely on the accuracy of this information for any credit that may be extended. Supplier is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this Credit Application. The undersigned hereby waives any privacy of credit information rights or regulations.

Customer Name _____

Signature _____

Title _____

Date _____