

Pacific Supply

1417 12th Avenue
Seattle, Washington 98122-3905
206-322-1717 Fax 206-322-1744

FOR OFFICE USE

Limit \$ _____
Comments _____
Approved by _____

CREDIT APPLICATION

Our Credit Policy

Our terms are net 10th. Our monthly accounting period ends on the 25th of each month. You will get your statement summarizing your account by the 1st of the next month. Your payment is due by the 10th of that month. All unpaid balances that accrue to the next statement will be considered delinquent and subject to a minimum \$2.50 service charge or 1-1/2% (18% per annum), whichever is higher.

Account Information

Check one: Property management company Owner Other

Check one: Corporation Partnership Individual Other

Account Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone () _____ Contact _____

Years in business _____ President or Owner _____

Billing Information

Retail Wholesale UBI# _____

Are PO numbers required? Yes No Yes, for purchases over \$ _____

Please send statements to: Building Main office Other

Authorized buyers (other than managers) _____

Ordering & Shipping Information (use extra sheet if required)

One account for each building One account for all buildings

Building Name _____

Address _____

City _____ State _____ Zip _____

Units _____ Manager _____ Phone () _____

Building Name _____

Address _____

City _____ State _____ Zip _____

Units _____ Manager _____ Phone () _____

Building Name _____

Address _____

City _____ State _____ Zip _____

Units _____ Manager _____ Phone () _____

I (we) fully understand Pacific Supply's credit policy as stated above. On approval of this credit application, I (we) agree to pay all purchases by the 10th of the month following the date of the invoice. On all delinquent amounts, I (we) agree to pay a \$2.50 service charge or 1-1/2% (18% per annum), whichever is higher. Should it become necessary to collect from this account through an attorney, by legal proceedings, or otherwise, I (we) promise to pay all costs of collection, including any reasonable attorney's fees. I (we) further understand that credit privileges can be withdrawn by Pacific Supply at any time at its sole discretion without invalidating the terms of this agreement.

I (we) authorize all trade and bank references on this credit application to reveal normal credit information to the credit manager of Pacific Supply for the purpose of consideration for the establishment of trade credit.

Today's date _____

Credit Information

Active Trade References

Company _____

Address _____

City _____ State _____ Zip _____

Account No _____ Phone () _____

Contact Person _____

For office use only:	How long	High balance
Terms	Meet terms	Current Balance

Company _____

Address _____

City _____ State _____ Zip _____

Account No _____ Phone () _____

Contact Person _____

For office use only:	How long	High balance
Terms	Meet terms	Current Balance

Company _____

Address _____

City _____ State _____ Zip _____

Account No _____ Phone () _____

Contact Person _____

For office use only:	How long	High balance
Terms	Meet terms	Current Balance

Bank References

Bank/Institution _____

Address _____

City _____ State & Zip _____ Phone () _____

Type of Account: Savings Checking Loan Acct No. _____

Authorized Signature of Corporate Officer/Owner _____

Print Name and Position _____

INDIVIDUAL PERSONAL GUARANTEE

I, _____, residing at _____
(your name) (your address)

for and in consideration of your extending credit at my request to

_____ (hereinafter referred to as the "Company") of which I am

_____ (your company/building)

_____ hereby personally guarantee to you the payment at the City

_____ (your position/title)

of Seattle, State of Washington of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification and renewal of the credit agreement hereby guaranteed.

Signature _____

Name (please print) _____

Date _____

FOR OFFICE USE ONLY

Reference		Phone		
How long?	Meet terms?	Hi	Lo	Ave
Other comments				

Reference		Phone		
How long?	Meet terms?	Hi	Lo	Ave
Other comments				

Reference		Phone		
How long?	Meet terms?	Hi	Lo	Ave
Other comments				

Remarks: