

Credit Application



Please Complete All Areas, **Sign and attach a copy of your Resale / MFG. Tax Exemption Form**

Firm Name: _____ Date: _____

Mailing Address: _____ Phone: _____

Shipping Address: _____ Fax: _____

Date of Business Inception: _____ Federal ID No. _____

Type of Business: _____

Partnership

Subsidiary of: _____ Corporation

Sole Proprietorship

Limited Liability Company

Owners / Officers

Name: _____ Title: _____ Phone: _____

Address: _____

Three Trade References:

Company Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____ Account No. _____

Company Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____ Account No. _____

Company Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____ Account No. _____

Bank Information:

Bank Name: _____ Contact Officer: _____

Address: _____

Phone: _____ Fax: _____ Acct No. _____

Please supply the following emails:

Accounts Payable Address: _____ Name: _____

Email Invoice Address: _____ Name: _____

Main Company Contact Address: _____ Name: _____

Credit Application



A valid credit card is required to secure your account. Delinquent account balances over 60 Days will be charged to the credit card on file.

Visa: Master Card: American Express:

Card Number: _____ Exp Date: _____ CCV: _____

Name: _____

Card Billing Address: _____

City, State and Zip Code _____

If this application is approved and credit is extended, the applicant shall be deemed to have agreed to the following terms and conditions. If the accounts are not promptly paid when due, the applicant agrees that we may charge the credit card listed for the monies past due. In the event of non-payment the applicant's name may be listed in any Collection or Credit Rating file and if this account is turned over to a collection agency or attorney, by suit or otherwise, applicant agrees to pay all collection fees and/or attorney fees and cost collection. Terms if not otherwise specified are Net 30 Days. ALL orders are FOB, Everett, Washington.

Signature of Authorized Office: _____ Title: _____ Date: _____

