



711 E. 11th Street
Tacoma, WA 98421-2403

253-383-2700
253-593-1228

CREDIT APPLICATION

Business Name: _____ Federal ID#: _____

Billing Address: _____

Street

City

State

Zip

Shipping Address: _____

Street

City

State

Zip

Branch: _____ Division: _____ Subsidiary: _____

Telephone Number: () _____ FAX Number: () _____

SOLE
PROPRIETORSHIP

PARTNERSHIP
 General
 Limited

CORPORATION

Type of
Business: _____

Owner or Officer name(s): _____
Name Title Telephone Number ()

_____ Name Title Telephone Number ()

Accounts Payable Contact: _____ Email: _____

Purchase Order Required: YES NO

Bonding Company: _____

Contract License #: _____ Expiration Date: _____

Banking Relationship: Name: _____ Telephone Number: () _____

Address: _____ Branch: _____

Bank Officer: _____

LOCAL TRADE REFERENCES:

1. Name: _____ 3. Name: _____

Address: _____ Address: _____

Telephone Number: () _____ Telephone Number: () _____

FAX Number: () _____ FAX Number: () _____

2. Name: _____ 4. Name: _____

Address: _____ Address: _____

Telephone Number: () _____ Telephone Number: () _____

FAX Number: () _____ FAX Number: () _____

I (we) promise to pay my (our) account in full within 30 days after invoice(s) is (are) received or as specified in terms and conditions of a separate written contract.

If this account is not paid as agreed a delinquency charge may be computed at the rate of 18% per annum on the unpaid balance, from date of invoice.

In the event that it becomes necessary to assign the account for collection I (we) agree to pay agency fees and/or if legal action (or appeal) is required I (we) agree to pay reasonable attorney fees and costs that are incurred. If suit is brought venue may be laid in the county and state of creditor's choice.

You are authorized to contact any or all of the above references regarding our credit standing. I (we) have read the above terms and conditions and agree to abide by them.

If a letter containing credit information is used in lieu of completing this application, **THIS APPLICATION MUST BE SIGNED BY AN OFFICER OF THE COMPANY.**

Date: _____

Business Name: _____

Authorized Signature(s): _____ Title: _____

Authorized Signature(s): _____ Title: _____

Personal Guarantee:

I (we) hereby agree to the above terms and conditions stated and do assume personal liability for payment of said applicant's account. It is understood that credit would not be extended to said applicant without this personal guarantee.

Name: _____

Address: _____ City, State, Zip: _____

Telephone: () _____

Signature: _____

FOR INTERNAL USE ONLY:

Credit O.K'D by: _____	Terms: _____
Date: _____	Salesperson Name and ID#: _____