

**CREDIT APPLICATION**



1619 N State Street  
Bellingham, Washington 98225  
(877) 577-5803 (360) 734-4940 (FAX (360) 647-9540)

Date \_\_\_\_\_

FIRM \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

FORM OF ORGANIZATION  CORPORATION  PARTNERSHIP  INDIVIDUAL

\_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG IN BUSINESS \_\_\_\_\_ HOW LONG AT PRESENT ADDRESS \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

DO YOU REQUIRE PURCHASE ORDERS?  YES  NO STATEMENTS?  YES  NO

AMOUNT OF CREDIT REQUESTED \$ \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

**CREDIT REFERENCES:**

NAME	PHONE	FAX
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**BANK REFERENCES:**

NAME	PHONE	PERSON WITH WHOM YOU DO BUSINESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**PRINCIPALS OF FIRM:**

NAME	ADDRESS	POSITION	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**NOTICE:** The following is provided for your information.  
Please read the credit plan and do not sign this agreement before you do.

If this THIRTY DAY account is opened, I agree:

1. To pay each invoice within thirty (30) days.
2. To pay a 1.5% service charge on any invoices thirty days or older.
3. To pay attorney's fees in the event that collection efforts become necessary.

<b>OFFICE USE</b>
APPROVED _____
DATE _____

\_\_\_\_\_  
SIGNATURE