



425 W Second Ave., Spokane, WA 99201

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CREDIT APPLICATION AND TERMS (BUSINESSES ONLY)

COMPANY NAME: _____
 BILLING ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 SITE ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 PARENT COMPANY: _____
 PHONE: () _____ FAX: () _____ RESALE # _____

CURRENT RESALE CERTIFICATE TO ACCOMPANY APPLICATION (IF APPLICABLE)

TAXABLE: YES NO CREDIT LIMIT REQUESTED: \$ _____
 ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____
 E-MAIL ADDRESS: _____
 TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____
 CORPORATION PARTNERSHIP PROPRIETOR

TRADE REFERENCES

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1.			
2.			
3.			

BANK REFERENCE

Name of Bank:	_____
Address:	_____
Phone # : _____	Contact Person: _____
Account type:	_____

In the interest of good business, it is desirable to establish a policy to avoid misunderstandings. Therefore, we wish to clarify the following:

PAYMENT TERMS: Net 10 Days. **TERMS OF SALE:** Applicant authorizes the creditor to make inquiry of financial and related matters for the purpose of granting credit. In order to encourage prompt payment, a delinquent charge of 18% per annum and/or a \$25.00 late fee may be added to cover the cost of additional handling required. NSF checks will be subject to a \$25.00 fee.



The above information is warranted to be true and I have read and accept credit policy terms outlined above. I agree that in the event additional costs and/or fees are incurred in connection with the collection of my account, I will pay all such fees, including collection costs, attorney fees and all court costs.

Applicant's Name _____ Title: _____

Signature: _____ Date: _____



Date Processed _____ Account # _____ Terms _____

Approved YES NO By _____ Date _____

(Attach reason for disapproval)

Credit Limit _____

*****All purchase orders are subject to credit approval. Please fax or mail this document, along with the General Purchase Order Information Form, to the address above.*****