



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.\*\*\***

**\*\*\*Purchase order terms, if different than those of SafeandVaultStore will not be accepted.\*\*\***