



**CREDIT APPLICATION/COMMERCIAL:**

DATE \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ WA ZIP \_\_\_\_\_

HOW LONG IN BUSINESS? \_\_\_\_\_ Years CORPORATION or PARTNERSHIP? (please circle)

**CREDIT REFERENCES:**

NAME	ADDRESS	PHONE
1.	_____	_____
2.	_____	_____
3.	_____	_____

**BANK REFERENCE:**

NAME	BRANCH	PERSON WHOM YOU DO BUSINESS WITH
1.	_____	_____

**PRINCIPALS OF THE 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.

I agree:

1. To pay each invoice within thirty (30) days.
2. To pay a \$75.00 service charge on any invoice thirty one days and older.
3. To pay attorney's fees in the event that collection efforts become necessary.



Signature: \_\_\_\_\_