

1144 NW 52nd St.  
Seattle, WA 98107

Phone: 206-782-5259  
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## APPLICATION FOR CREDIT

*ALL FIELDS ARE REQUIRED. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.*

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Tel ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Tel ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email for shipping information \_\_\_\_\_

Organization Type:  Corporation  Partnership  Sole-Proprietorship  Governmental

D & B Number: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Account: \_\_\_\_\_

Bank Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Bank Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Principal Owners/Officers:

(1) Name \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_

(2) Name \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_

Please attach a current listing of suppliers and trade references.

We hereby authorize the above named bank and attached trade references, and any credit reporting agencies, to verify any information herein contained and to disclose any information which may bear upon our credit worthiness.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date