



6540 South Glacier Street Suite# 120 Seattle, WA 98188 Phone 425.656.8210 Fax 425.656.4400

Company Name _____ Phone(____) _____ Fax(____) _____
Address _____ City _____ State _____ Zip _____
P.O. _____ City _____ State _____ Zip _____
Contact Person _____ Title _____ Phone(____) _____ Fax(____) _____
Business Location (check one) Own _____ Lease _____ Rent _____
Years in Business _____ Resale Certificate# _____ Is Purchase Order Required? _____

BUSINESS STRUCTURE

Complete ONLY ONE section as it applies to the ACCOUNT NAME above

SOLE OWNERSHIP

Name _____ Birthdate _____ SS# _____ Spouse's Name _____
Residence Address _____ Phone (____) _____ Fax(____) _____
Years at Address _____ Years in Business _____ Previous Address _____

PARTNERSHIP

General _____ Limited _____ Joint Venture _____ Written Agreement _____ No Agreement _____ Date Started _____
Partner Name _____ Birthdate _____ SS# _____ Spouse's Name _____
Residence Address _____ Phone(____) _____ Fax(____) _____
Partner Name _____ Birthdate _____ SS# _____ Spouse's Name _____
Residence Address _____ Phone(____) _____ Fax(____) _____

CORPORATION

Chartered in the state of _____ When _____ Registered Agent _____
Corporate Address _____ Officer _____
Residence Address _____ Phone(____) _____ Fax(____) _____

FINANCIAL INFORMATION

Principal Assets (List all principal assets and their values.) _____
Principal Liabilities (List all major liabilities and their values.) _____
Approximate Present Net Worth of Corporation\$ _____

FINANCIAL INSTITUTION

Bank _____ Branch _____ Phone(____) _____ Fax(____) _____
Account # _____ Bank Officer _____

TRADE CREDIT REFERENCES

Company _____ Contact _____ Phone(____) _____ Fax(____) _____
Address _____ City _____ State _____ Zip _____
Company _____ Contact _____ Phone(____) _____ Fax(____) _____

Address _____ City _____ State _____ Zip _____

Company _____ Contact _____ Phone(____) _____ Fax(____) _____

Address _____ City _____ State _____ Zip _____

PERSONAL REFERENCES

Name _____ Phone(____) _____ Fax(____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone(____) _____ Fax(____) _____

Address _____ City _____ State _____ Zip _____

TERMS & CONDITIONS

I/We promise to pay my/our account in full within 30 days after invoice is received or as specified in terms and conditions of a separate written contract. If this account is not paid as agreed, a delinquency charge shall be computed at the rate of 1.5% per month on the unpaid balance. In the event that it becomes necessary to assign the account for collection, I/we agree to pay agency fees of one-third and/or if legal action (or appeal) is required, I/we agree to pay reasonable attorney fees and costs that are incurred. You are authorized to contact any or all of the above references regarding my/our credit standing. I/We have read the above terms and conditions and agree to abide by them.

Company Name _____ Date _____

Authorized Signature(s) _____ Title _____

Authorized Signature(s) _____ Title _____

GENERAL PERSONAL GUARANTEE

I/We agree to the above terms and conditions and assume personal liability for payment of this account. It is understood that credit will not be extended without this personal guarantee.

Signature _____ Date _____

Signature _____ Date _____