



TM

credit application

SALESMAN: _____

APPLICANT	Company Name _____		Phone # _____
	Billing Address _____		Fax # _____
	Physical Address _____		Accts. Payable Contact _____
	City _____	State _____	Zip _____
	Is this location the Corporate Office <input type="checkbox"/> or Branch <input type="checkbox"/>		Phone Number _____
	Corporate Address: _____		E-Mail Address _____
	_____		Years in business _____
OWNERSHIP	<i>The following information must be provided. It will be held in the strictest confidence.</i>		
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Check here if incorporated within the past 12 months	<input type="checkbox"/> Partnership <input type="checkbox"/> Individual
	1	Names of Principals _____ Complete Address _____	Title _____ Phone _____
	2	Names of Principals _____ Complete Address _____	Title _____ Phone _____
3	Names of Principals _____ Complete Address _____	Title _____ Phone _____	
FINANCE	1	Bank _____ Complete Address _____	Phone _____
	2	Bank _____ Complete Address _____	Phone _____
REFERENCE	1	Business Name _____ Complete Address _____	Fax # _____
	2	Business Name _____ Complete Address _____	Fax # _____
	3	Business Name _____ Complete Address _____	Fax # _____
	4	Business Name _____ Complete Address _____	Fax # _____
TERMS	<p>NET 30 DAYS UNLESS OTHERWISE STATED ON INVOICE. LIEN RIGHTS EXTEND CREDIT TERMS If the account is not paid within the above terms, a service charge of 1.5% will be charged each month and thereafter on all past due amounts until paid.</p> <p>ACCOUNT PAST DUE 45 DAYS WILL BE REVIEWED FOR POSSIBLE HOLD. In the event that it becomes necessary to assign this account for collection to an attorney or collection service, the undersigned applicant agrees to pay all collection costs and reasonable attorney fees that are incurred. This agreement will be construed under</p> <p>The applicant further agrees that venue of any suit will be held in King County, WA. The undersigned applicant agrees that all invoices and monthly statements are conclusive and accurate in all respects unless the undersigned notifies Accu Duct Mfg., within 10 days of receipt of the invoices or statement.</p>		

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Date: _____ Signed: _____

Office use: _____ Title: _____