



# Account Application

Please Fax this completed form to: 425-882-3244

## BUSINESS CONTACT INFORMATION

|  |              |                  |           |
|--|--------------|------------------|-----------|
| Company name:  |              |                  |           |
| Phone:   | Fax:         | E-mail:          |           |
| Registered company address:                                    |              |                  |           |
| City:  |              | State:           | ZIP Code: |
| Date business commenced:                                       |              |                  |           |
| Sole proprietorship:   | Partnership: | Corporation:     | Other:    |
| Name(s) of proprietor, Partners or 2 Officers if a Corporation |              |                  |           |
| Name:  |              | Address:         |           |
| Name:  |              | Address:         |           |
| Financial Contact  |              | Purchasing Agent |           |

## BUSINESS & CREDIT INFORMATION

|                                    |      |                       |             |
|------------------------------------|------|-----------------------|-------------|
| Primary business address:          |      |                       |             |
| City:                              |      | State:                | ZIP Code:   |
| How long at current address?       |      |                       |             |
| Telephone:                         | Fax: | E-mail:               |             |
| Bank name:                         |      |                       |             |
| Bank address:                      |      | Phone:                |             |
| City:                              |      | State:                | ZIP Code:   |
| Type of account                    |      | Contact Person        |             |
| Savings                            |      |                       |             |
| Checking                           |      |                       |             |
| Other                              |      |                       |             |
| Credit level you are requesting \$ |      | Are purchases Taxable | Yes      No |
| IF NO, PLEASE FAX CERTIFICATE      |      |                       |             |

## BUSINESS / TRADE REFERENCES

|                  |      |         |           |
|------------------|------|---------|-----------|
| Company name:    |      |         |           |
| Address:         |      |         |           |
| City:            |      | State:  | ZIP Code: |
| Phone:           | Fax: | E-mail: |           |
| Type of account: |      |         |           |
| Company name:    |      |         |           |
| Address:         |      |         |           |
| City:            |      | State:  | ZIP Code: |
| Phone:           | Fax: | E-mail: |           |
| Type of account: |      |         |           |
| Company name:    |      |         |           |
| Address:         |      |         |           |
| City:            |      | State:  | ZIP Code: |
| Phone:           | Fax: | E-mail: |           |
| Type of account: |      |         |           |

## SIGNATURES

|            |  |       |
|------------|--|-------|
| Signature: |  | Date: |
| Title:     |  |       |