

# Pacific Supply

1417 12th Avenue  
Seattle, Washington 98122-3905  
206-322-1717 Fax 206-322-1744

## FOR OFFICE USE

Limit \$ \_\_\_\_\_  
Comments \_\_\_\_\_  
Approved by \_\_\_\_\_

## CREDIT APPLICATION

### Our Credit Policy

Our terms are net 10th. Our monthly accounting period ends on the 25th of each month. You will get your statement summarizing your account by the 1st of the next month. Your payment is due by the 10th of that month. All unpaid balances that accrue to the next statement will be considered delinquent and subject to a minimum \$2.50 service charge or 1-1/2% (18% per annum), whichever is higher.

### Account Information

Check one:  Property management company  Owner  Other

Check one:  Corporation  Partnership  Individual  Other

Account Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Contact \_\_\_\_\_

Years in business \_\_\_\_\_ President or Owner \_\_\_\_\_

### Billing Information

Retail  Wholesale UBI# \_\_\_\_\_

Are PO numbers required?  Yes  No  Yes, for purchases over \$ \_\_\_\_\_

Please send statements to:  Building  Main office  Other

Authorized buyers (other than managers) \_\_\_\_\_

### Ordering & Shipping Information (use extra sheet if required)

One account for each building  One account for all buildings

Building Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Units \_\_\_\_\_ Manager \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Building Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Units \_\_\_\_\_ Manager \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Building Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Units \_\_\_\_\_ Manager \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I (we) fully understand Pacific Supply's credit policy as stated above. On approval of this credit application, I (we) agree to pay all purchases by the 10th of the month following the date of the invoice. On all delinquent amounts, I (we) agree to pay a \$2.50 service charge or 1-1/2% (18% per annum), whichever is higher. Should it become necessary to collect from this account through an attorney, by legal proceedings, or otherwise, I (we) promise to pay all costs of collection, including any reasonable attorney's fees. I (we) further understand that credit privileges can be withdrawn by Pacific Supply at any time at its sole discretion without invalidating the terms of this agreement.

I (we) authorize all trade and bank references on this credit application to reveal normal credit information to the credit manager of Pacific Supply for the purpose of consideration for the establishment of trade credit.

Today's date \_\_\_\_\_

### Credit Information

#### Active Trade References

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account No \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_

For office use only:	How long	High balance
Terms	Meet terms	Current Balance

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account No \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_

For office use only:	How long	High balance
Terms	Meet terms	Current Balance

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account No \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_

For office use only:	How long	High balance
Terms	Meet terms	Current Balance

### Bank References

Bank/Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Type of Account:  Savings  Checking  Loan Acct No. \_\_\_\_\_

Authorized Signature of Corporate Officer/Owner \_\_\_\_\_

Print Name and Position \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTEE**

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(your name) (your address)

for and in consideration of your extending credit at my request to

\_\_\_\_\_ (hereinafter referred to as the "Company") of which I am

\_\_\_\_\_ (your company/building)

\_\_\_\_\_ hereby personally guarantee to you the payment at the City

\_\_\_\_\_ (your position/title)

of Seattle, State of Washington of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification and renewal of the credit agreement hereby guaranteed.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reference		Phone		
How long?	Meet terms?	Hi	Lo	Ave
Other comments				

Reference		Phone		
How long?	Meet terms?	Hi	Lo	Ave
Other comments				

Reference		Phone		
How long?	Meet terms?	Hi	Lo	Ave
Other comments				

Remarks: