



PO Box 1223 - 2611 Henson Road  
Mount Vernon, WA 98273  
800-452-9809 or 360-336-3187  
360-336-5951 ( Fax)

**Terms:**

Net 30 with approved credit  
50% deposit on custom/large stock orders  
30 day past due accounts-1.5% service fee

**CREDIT APPLICATION**

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Partnership  Corporation  Sole Proprietorship 

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Years in Business: \_\_\_\_\_

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

Officer or Owner: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Branch: \_\_\_\_\_

Phone: \_\_\_\_\_

Trade References: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_