



## CREDIT APPLICATION:

**Mailing Address:**

POB 1181  
Tacoma, WA 98401-1181

**Physical Address:**

1303 E 25<sup>th</sup> St.  
Tacoma, WA 98421

Ph. 253-573-1694  
Fax 253-276-0130

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

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

Mailing address: \_\_\_\_\_

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

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

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

Ph. \_\_\_\_\_ Fax \_\_\_\_\_

Contact name \_\_\_\_\_ Contact Ph. \_\_\_\_\_

Position \_\_\_\_\_ e-mail \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Agent Ph: \_\_\_\_\_

Preferred payment method: *(Choose one)*

**1. Credit Card** \_\_\_\_\_

Visa \_\_\_ M/C \_\_\_ Discover \_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCV# \_\_\_\_\_

**2. Direct Billing** \_\_\_\_\_

Trade References: *Please list business name and phone number*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

The undersigned certifies that the above information is true and correct and agrees to pay for all goods and services purchased within 30 days from date of invoice.

Full Name of Company

Signature

\_\_\_\_\_

Date

Print Name & Title

\_\_\_\_\_