

NORTHWEST SIGN SUPPLY

5300 4th Ave. South * Seattle, Wa. 98108 FAX (206) 767-9675
602 SE Salmon * Portland, Or. 97214 FAX (503) 235-4437
15916 E. Sprague Ave*Veradale, Wa. 99037 FAX (509) 927-8196

Approved By _____ Date _____

Amount _____

APPLICATION FOR CREDIT

FIRM NAME _____ TRADE/ or DBA _____

STREET ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP CODE _____ FAX (____) _____

FULL NAME OF OWNER/S (AND OR OFFICERS OF CORPORATION). LIST HOME ADDRESS FOR INDIVIDUALS & PARTNERSHIP.

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

PLEASE CHECK ONE INDIVIDUAL CORPORATION
 PARTNERSHIP IF CORP. FED. TAX ID # _____
SS# _____

TYPE OF BUSINESS RESALE TAX # _____
 SIGN PAINTER COMPUTER VINYL GRAPHICS
 ELECTRIC SIGN OUTDOOR ADVERTISING
DATE STARTED TEXTILE SCREEN PRINTER DISPLAY COMPANY
 FLAT SCREEN PRINTER SCHOOL / UNIVERSITY
 BOTTLE PRINTER ELECTRONICS

OWN RENT BUSINESS LOCATION. IF RENT WHOM _____

TRADE REFERENCES. LIST THREE

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

BANK _____ ADDRESS _____ PHONE _____

LOAN OFFICER _____ BRANCH _____ ACCT # _____

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH FOLLOWING TERMS.

A discount of 1% may be taken if invoice is paid within 10 days, otherwise Net 30 days.

Finance charge of 1 1/2% per month, 18% yearly on balances over 30 days with a 50 cent minimum.

Any account that will age into the "over 30 day" category will automatically go on C.O.D.

All returned checks will be charge \$30.00. More than one returned check, the account will go on a strict cash basis, until further notice.

If the account is unpaid and it is transferred to a collection agency, the customer will pay all attorney and / or collection fees.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF ESTABLISHING CREDIT AND WILL BE KEPT WITH STRICT CONFIDENCE I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED AND PULL A CONSUMER CREDIT REPORT PERTAINING TO MY / OUR CREDIT AND FINANCIAL RESPONSIBILITY.

We agree to the above terms of NORTHWEST SIGN SUPPLY, INC.

Dated this _____ Day of _____ 200 _____

Print Name (Owner or President)

Signature (Owner or President)

PERSONAL GUARANTY

The undersigned, having financial or other interest in the above named business, does unconditionally, personally and individually guarantee prompt payment of all amounts owed Northwest Sign Supply by the above named business, including interest, costs, and attorney fees. This guarantee is personal to the signatory of the guarantee. Any notation of corporate capacity shall be taken to be informational only and shall not effect the individual liability of the individual signing this guaranty.

Print Name (Owner or guarantor)

Signature (Owner or guarantor)