



9918 162nd St. Court E., Unit 1
Puyallup, WA 98375
(ph) 253-891-1976
(fax) 253-891-1977

CREDIT APPLICATION

BILLING ADDRESS

Name: _____

Street: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

SHIPPING ADDRESS

Name: _____

Street: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Type of Entity

Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

Ownership

Name(s): _____

Social Security number (if other than corporation): _____

Account Payables

Contact name: _____ Title: _____ Phone: _____

BANK INFORMATION

Name: _____

Address: _____

Phone: _____ Contact: _____

Signature: _____

Date: _____