



# COMERCIAL CREDIT ACCOUNT APPLICATION

815 4th Avenue E.  
Olympia, WA 98506-3921  
(360) 357-8500  
Fax: (360) 754-8331

## GENERAL INFORMATION

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
How long have you owned this business? \_\_\_\_\_ Business Class:  Incorporated /  Partnership /  Sole Owner  
Date of Incorporation: \_\_\_\_\_ State: \_\_\_\_\_

## BUSINESS INFORMATION

**BILL TO ADDRESS:**  
(all mailings)  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**SHIP TO ADDRESS:**  
(if different than billing)  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name and address of corporate officers, partners or sole owner.

Name:	Street Address:	City, State, Zip	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## TRADE REFERENCES (two local if possible)

Company Name: _____	Company Name: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____
Account Number: _____	Account Number: _____
Company Name: _____	Company Name: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____
Account Number: _____	Account Number: _____

## INVOICING

Upon completion of work an invoice is issued on site. This serves as both the work order and the invoice to pay from.  
Please check below any additional services required for your particular payables system:  
Additional invoice mailed to billing address:  Yes  No Other: \_\_\_\_\_

## P.O and TAX INFORMATION

Authorized Purchasing Agents(s): \_\_\_\_\_  
P.O. Required on all orders:  Yes  No Will accept backorders:  Yes  No  
Will accept partial orders:  Yes  No  
Taxable:  Yes  No Resale Number: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_  
(please attach completed resale certificate)

## ACCOUNTS PAYABLE INFORMATION

Your Accounts Payable Contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

**COMPANY TERMS**

1. Credit terms: Net 30.
2. All invoices must be paid according the terms stated on the invoice.
3. All orders will be performed COD unless an "Open" account has been established.
4. Past due accounts are subject to COD or orders being held.
5. Returned merchandise must have pre-return authorization and could be subject to a 15% restocking charge.
6. A finance charge of 1.5% per month will be assessed on all past due (over 30 days) balances.
7. Seller shall be entitled to collect reasonable costs of collection, including attorney's fees, court costs and legal interest on accounts requiring litigation for settlement.
8. This agreement shall be governed and construed in accordance with the laws of the State of Washington and any disputes shall be settled in the County of Thurston, State of Washington.

In consideration of extension of credit by Always Safe & Lock Inc., I/We agree to the terms of the sale as set forth herein. I hereby authorize the release of my credit information to Always Safe & Lock Inc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**CONTINUING PERSONAL GUARANTEE**

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

I, \_\_\_\_\_ residing at \_\_\_\_\_  
(please print) Name of Guarantor Home address

And in consideration of you extending credit at my request to: \_\_\_\_\_  
Name of Company requesting credit

(herein after referred to as the "Company".) of which I have a direct financial interest and/or of which I am an officer or agent, hereby personally guarantee to you payment of any obligation of the Company. It is understood that this guaranty shall be a continuing and irrevocable guaranty 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 or renewal of credit agreement hereby guaranteed, and to all renewals of extension of credit. The undersigned guarantor agrees to pay, in the event the account becomes delinquent and is turned over to an attorney for collection, all attorney fees plus all attendant collection costs.

\_\_\_\_\_  
(Please Print) Name of Witness

X \_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Soc Sec No. of Guarantor

**COMMENTS**

This application must be completely filled out prior to account approval. A corporate officer, sole owner or all partners must also sign it. All accounts are subject to recurring approvals of the credit department. Contact Sandra O'Keefe with any questions.