

# FARWEST PAINT MANUFACTURING CO.

4522 South 133rd, P. O. Box 68726, Tukwila, WA 98168

(206) 244-8844 • FAX: (206) 246-7691

1-800-727-9694

## BUSINESS CREDIT APPLICATION

Business Name \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Year Business Started \_\_\_\_\_ State \_\_\_\_\_

Form of Organization:  Proprietorship  Partnership  Limited Partnership  Corporation

Proprietors, Partners, or Officers Name(s) \_\_\_\_\_ Title \_\_\_\_\_ Social Security No. \_\_\_\_\_

\*\* PLEASE ATTACH RESELLER PERMIT IF APPLICABLE \*\* Federal Tax I.D. # \_\_\_\_\_

Amount of Monthly Credit Requested \$ \_\_\_\_\_ Contact Person For Billing \_\_\_\_\_

## TRADE REFERENCES

COMPANY NAME	MAILING ADDRESS	PHONE#	FAX #
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1. \_\_\_\_\_

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

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

NAME OF BANK \_\_\_\_\_ BRANCH \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

TYPE OF ACCOUNT:  Checking  Savings  Loans PHONE # \_\_\_\_\_ CONTACT \_\_\_\_\_

*This is our authorization to Farwest Paint Manufacturing Co. to contact the references provided so that information may be obtained to consider granting credit privileges to us.*

## TERMS AND CONDITIONS

In consideration of Farwest Paint Mfg. Co., extending credit to applicant, the applicant agrees to abide by all items and conditions of purchase, including any subsequent amendments thereto, which terms and conditions presently are: ALL invoices are due and payable Net 30 days and are subject to a charge of 1.5% per month for administrative costs from and after 30 days. Applicant further agrees to pay all collection costs, including attorney's fees, in the event that its account becomes delinquent and Farwest Paint Mfg. Co. determines that it is necessary to incur such costs. This agreement becomes valid and enforceable where accepted by Farwest Paint Mfg. Co.

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

### GENERAL/PERSONAL GUARANTEE

I (we) hereby agree to the above terms and conditions stated and do assume personal liability for payment of said applicant's account. The undersigned guarantor agrees to pay, in the event the account becomes delinquent and is turned over to an attorney for collection, reasonable attorney fees plus all collection costs.

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

Address \_\_\_\_\_