PACIFIC SAFETY INCORPORATED
3610 Cedardale Road Suite D Mount Vernon, WA 98274
PHONE 360-424-8665 FAX 360-424-8566

COMMERCIAL CREDIT APPLICATION

APPLICATION INFORMATION

COMPANY LEGAL NAME _____ DATE _____

TRADE NAME _____ UBI NUMBER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

ACCOUNTS PAYABLE ADDRESS (if different) _____

CITY, STATE, ZIP _____ A/P PHONE _____

ACCOUNTS PAYABLE CONTACT _____ A/P FAX _____

PAYMENT PERSONALLY GUARANTEED? ☐ YES ☐ NO BY _____ TITLE _____

TYPE OF BUSINESS

- ☐ SOLE PROPRIETORSHIP
- ☐ PARTNERSHIP
- ☐ CORP. IN STATE_____
- ☐ LLC
- ☐ SUBSIDIARY
- ☐ DIVISION
- ☐ OTHER_____

OWNERSHIP

NAME OF OWNER _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF OWNER _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF OWNER _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

TRADE REFERENCES

COMPANY NAME _____ PHONE NUMBER _____ FAX NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

COMPANY NAME _____ PHONE NUMBER _____ FAX NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

COMPANY NAME _____ PHONE NUMBER _____ FAX NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK REFERENCES

BANK NAME _____ PHONE NUMBER _____ FAX NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK NAME _____ PHONE NUMBER _____ FAX NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company, and its agents from any liability resulting from their credit survey. We further agree that such extension of credit shall be subject to the following terms and conditions:

1. We shall pay the amount or amounts due, as evidenced by the account, not later than thirty (30) days following the last day on which the indebtedness was incurred as evidenced by the Invoice Date.
2. We acknowledge that a service charge will be assessed on the basis of 1.5% per month on delinquent balances and agree to promptly pay said service charge.
3. In the event that a delinquent account is placed in the hands of a collection agency, or attorney for collection, or suit is instituted on this account, we agree to pay in addition to the delinquent amount and interest, an additional 25% for collection fees in addition to all court costs and attorney's fees.

AUTHORIZED SIGNATURE _____

PRINT NAME _____

TITLE _____ DATE _____

☐ CREDIT APPROVED AMOUNT $ _____ ☐ CREDIT DISAPPROVED BY: _____ DATE: _____