



# Inland Northwest Precast

P.O. Box 610, Newman Lake, WA 99025 Phone: 509-710-2789



## CUSTOMER CREDIT APPLICATION

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

KIND OF BUSINESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BOND# \_\_\_\_\_ INSURANCE CO NAME/PHONE # \_\_\_\_\_

BUSINESS TYPE: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ HOMEOWNER \_\_\_\_\_

HOW LONG IN BUSINESS? \_\_\_\_\_ DO YOU REQUIRE PURCHASE ORDERS? \_\_\_\_\_

WASHINGTON TAX EXEMPT? \_\_\_\_\_ IF YES, FILL OUT AND ATTACH RESALE CERTIFICATE \_\_\_\_\_

IDAHO TAX EXEMPT? \_\_\_\_\_ IF YES, FILL OUT AND ATTACH RESALE CERTIFICATE \_\_\_\_\_

### BANK REFERENCE

BANK / BRANCH \_\_\_\_\_ PHONE \_\_\_\_\_

BANK ACCOUNT# \_\_\_\_\_ VISA / MC CREDIT CARD # \_\_\_\_\_

### TRADE REFERENCES

(Current material suppliers.)

1. \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

3. \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

4. \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all the charges and service charges within the time listed on the invoice. I further agree that any past due balance is subject to a 1 1/2% periodic service charge of any balance not paid within 30 days. This finance charge amounts to an annual percentage rate of 18%. In the event legal action is required due to delinquency of this account, it is agreed that the undersigned will pay all collection, attorneys or third party fees and costs as a result thereof. If this is a business account, I warrant that I have the authority to execute this agreement and apply for credit on behalf of the business entity listed above. The undersigned agrees to company policy that states: THE COMPANY / PERSON WHO PLACES AN ORDER FOR MATERIAL AGREES TO BE DIRECTLY AND SOLELY RESPONSIBLE FOR FULL, TIMELY PAYMENT. Credit Terms are: Net 30 days from invoice date. The undersigned hereby accepts the above terms, conditions and authorizes creditor unrestricted investigation as deemed necessary by creditor.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_