



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 _____