



BUSINESS CHARGE APPLICATION

P.O. Box 406
Gig Harbor, WA 98335

APPLICATION INFORMATION The following information must be provided. It will be held in the strictest confidence.

Company Name _____
 Address _____
 City, State, Zip _____
 Accounts Payable _____ Years At _____
 Contact _____ This Address _____
 Phone No. _____ Fax No. _____ Years In Business _____
 Name Of Person Making Application _____
 Title _____

TYPE OF OWNERSHIP

____ Corporation ____ Partnership ____ Sole Proprietorship
 Federal ID # _____
 Social Security # _____
 ____ Tax Exempt (attach copy of Federal exemption letter)
 ____ Resale (attach copy of Certificate of Resale)

Fold Here To Return

OWNERSHIP:

1.	Name(s) Of Officer(s) and Positions	Complete Address	Zip	Phone
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

FINANCIAL:

Bank _____ Bank Address _____ Zip _____
 Bank Officer Or Department _____ Phone _____

BUSINESS REFERENCES:

Business Name	Complete Address	Zip	Phone	Fax
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do You Require A Purchase Order? Yes No

List Any Comments and Names of Persons Authorized to Charge to the Account:
(will be treated as open account otherwise). *Please notify us of any changes to this list.*

I/we certify that all the information on this form is correct. I/we fully understand your credit terms and agree to the proper payment in consideration of extended credit. Furthermore, I/we approve of your obtaining information from the above references and a credit report on my company or if not a corporation, a report on me/us personally. If you update, renew, or extend my line of credit, you may request a new report without notice.

Date _____ 19 _____

(Signed) **X** _____

(Title) _____

Please Do Not Write In Spaces Below - For Store Use Only

VERIFICATION:

References Checked By _____	<input type="checkbox"/> Credit Approved By _____
Reference Results _____	<input type="checkbox"/> Credit Refused By _____