



# APPLICATION FOR CREDIT

P.O. Box 660, Snohomish, WA 98290

Ph: 360-563-9079 Fax: 360-563-9048

Company Name	_____	Partnership	_____
Street Address	_____	Proprietorship	_____
City, State	_____ Zip _____	Corporation	_____
Mailing Address	_____ Zip _____	State of Inc.	_____
City, State	_____ Zip _____	Date of Inc.	_____
Sales Contact	_____	Phone / Fax	_____
Accts Payable Contact	_____	Phone / Fax	_____

Resale No. \_\_\_\_\_ Federal Tax ID No. \_\_\_\_\_

Name of Bank	_____	Account Number	_____
Branch Address	_____	City, State, Zip	_____
Contact Name	_____	Phone / Fax	_____

### Name(s) of owner(s), Partners, or Officers

First & Last Name	D.O.B	SSN	Phone
1	_____	_____	_____

Home Address: \_\_\_\_\_

2 \_\_\_\_\_

Home Address: \_\_\_\_\_

3 \_\_\_\_\_

Home Address: \_\_\_\_\_

4 \_\_\_\_\_

Home Address: \_\_\_\_\_



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## Trade References (List principal suppliers)

(1) Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone / Fax \_\_\_\_\_

(2) Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone / Fax \_\_\_\_\_

(3) Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone / Fax \_\_\_\_\_

(4) Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone / Fax \_\_\_\_\_

## Terms & Conditions

All invoices are due in full according to the terms set forth by our credit department. A 1.5% per month finance charge will be assessed to all past due accounts.

In the event that collection activity and/or legal action is initiated to enforce any of the terms of purchase or obligations created, I / We agree to pay all collection costs, interest due on unpaid balances, attorney fees, and all court costs and litigation expenses of every kind. The jury selection and venue of any suit may be laid in King or Snohomish County, Washington at the option of TMC Sales, Inc.. Applicant authorizes TMC Sales, Inc. to inquire about applicant's credit history and/or obtain reports and information about such that it deems useful.

I / We certify that the information on this form is correct and that I / We fully understand your credit terms and conditions and agree to the proper payment in consideration of extended credit.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

## Personal Guarantee

In consideration of TMC Sales, Inc., extending an open line of credit to \_\_\_\_\_, I hereby guarantee payment in full of any monies not paid by the above and due to TMC Sales, Inc.

In case action is instituted to collect the same, I also agree to pay collection costs, attorney's fees, court costs, interest due on any past due balance and at the option of TMC Sales, Inc., the venue of any suit may be laid in King or Snohomish County, Washington. Interest will accrue at the maximum rate allowable by law from date of invoice paid.

This guarantee includes all existing sums owed and all future sums.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_

Home Address: \_\_\_\_\_