



# SOUND BUSINESS FORMS

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www.soundbusinessforms.com

## CREDIT APPLICATION

<b>NAME OF BUSINESS</b>	
Street Address	
Mailing Address (unless same)	
City, State, Zip	
Telephone	Fax
State Certificate of Resale # (If applicable or tax exempt)	
Email Owner	Email Accounting
Corp. Tax ID#	
List other companies you do business as:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	Estimate Monthly Line of Credit Required: \$
Nature of Business	Date Established

### Owners or Officers

Full Name (No Initials)	Title	Residence Phone No.	Residence Address

### References

Bank Name	Account #	Phone	Contact
Trade Suppliers	Account #	Phone	Contact

Tax Exempt  Yes  No    Note: If Yes, a Certificate of Exemption must accompany this application. Otherwise, sales tax will be charged. Terms are net 20 days from invoice date. Finance charges of 1.5% per month on outstanding invoices over 30 days from invoice dates will be assessed. In the event the account becomes delinquent and is turned over for collection, purchaser agrees to pay all costs of collection including attorney fees and court costs.

Until credit is approved, all orders will require a 50% deposit in the form of a check or credit card.

Applicant's signature attests financial responsibility of above company and willingness to pay in accordance with the terms stated above. I hereby authorize Sound Business Forms to investigate the above references pertaining to credit and financial responsibility.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_