

Please Return To: T: 360-568-5958
 PO Box 1516
 Snohomish, WA F: 360-568-1719
 98291

Legal Name:				
Operating Name (if applicable):				
Mailing Address:			City:	State:
Zip Code:	Tel #:	Fax #:	Cell #:	Credit Limit Requested (\$):
Tax ID/SSN:		Accounts Payable Contact:		Email:
Does Your Company Use Purchase Orders? Yes <input type="checkbox"/> No <input type="checkbox"/>		Who has Purchasing Authority?		Website:
Resale Certificate #: (attach certificate)	Contractor's License #:	State of Issue:	Classification:	
		Issue Date:	Expiry Date:	

Please check the appropriate box:

- PROPRIETORSHIP** - Complete all of Parts 2 and 3 and **include a copy of a valid driver's license.**
- PARTNERSHIP** - Complete a separate application for each partner and **include a copy of a valid driver's license.**
- CORPORATION / LLC** - Complete all of Parts 1 and 3. **If company is less than 2 years old, a copy of your business license is required.**

1	Date Incorporated:	How long in business under present name?	Premises are: Owned <input type="checkbox"/> Leased <input type="checkbox"/>	How long at address?	
	Principal Name (1):	Home Address:		Title:	Years:
	Principal Name (2):	Home Address:		Title:	Years:
	Principal Name (3):	Home Address:		Title:	Years:
	Type of Business:	What will materials be used for?	Name and address of parent/affiliated companies:		

2	Home Owner <input type="checkbox"/> Renting <input type="checkbox"/>	How long at address:	Premises are: Owned <input type="checkbox"/> Leased <input type="checkbox"/>
	Driver's License #:		Applicant's Date of Birth (M/D/Y):

3	Name of Bank 1:	Branch:	Phone #:	Acct #:	Line of Credit/Mortgage:	
	Name of Bank 2:	Branch:	Phone #:	Acct #:	Line of Credit/Mortgage:	
	Trade reference - Name:		Address:		Phone #:	Fax #:
	Trade reference - Name:		Address:		Phone #:	Fax #:
	Trade reference - Name:		Address:		Phone #:	Fax #:

THE APPLICANT AFFIRMS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. THE APPLICANT UNDERSTANDS AND AGREES THAT ALL ACCOUNTS MUST BE PAID IN FULL WITHIN 30 DAYS OF THE INVOICE DATE (UNLESS OTHERWISE AGREED BY CORIX IN WRITING) WITH INTEREST ON OVERDUE ACCOUNTS AT THE RATE STIPULATED ON THE INVOICE OR, IF NO RATE IS STIPULATED, AT A RATE EQUAL TO THE LESSER OF 24% PER ANNUM (CALCULATED AND COMPOUNDED MONTHLY) AND THE MAXIMUM LEGAL INTEREST RATE ALLOWABLE. IN ADDITION, APPLICANT AGREES TO PAY ALL COSTS OF COLLECTION ON OVERDUE ACCOUNTS INCURRED BY CORIX, INCLUDING REASONABLE ATTORNEY'S FEES, COURT COSTS AND OTHER EXPENSES. THESE TERMS GOVERN ALL PAYMENT TERMS ON FUTURE PURCHASE ORDERS.

THE APPLICANT ACKNOWLEDGES AND AGREES THAT CORIX MAY OBTAIN ANY BACKGROUND INFORMATION ABOUT THE APPLICANT THAT CORIX DEEMS NECESSARY, INCLUDING, BUT NOT LIMITED TO, BUSINESS CREDIT REPORTS AND INFORMATION FROM THE APPLICANT'S OTHER CREDITORS, AND THAT CORIX MAY AT ANY TIME DISCLOSE INFORMATION ABOUT ITS CREDIT EXPERIENCE WITH THE APPLICANT TO THIRD PARTIES.

THE APPLICANT HEREBY AUTHORIZES CORIX TO OBTAIN A CREDIT REPORT ON THE APPLICANT, AT ANY TIME AND FROM TIME TO TIME, FROM ANY NATIONAL CONSUMER REPORTING AGENCY, AND ACKNOWLEDGES AND AGREES THAT CORIX MAY TAKE ACTION BASED ON SUCH REPORTS (INCLUDING DENYING OR DISCONTINUING CREDIT TO THE APPLICANT).

DATE _____ SIGNED _____ POSITION _____

SALESPERSON# _____	TERRITORY _____	DISC. CODE _____	CUSTOMER# _____
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