

CORPORATE OFFICE:

146-5TH Street
Raymond, WA 98577
Ph: (360) 942-2427
Fax: (360) 942-2932

DENNIS COMPANY
COMMERCIAL CREDIT APPLICATION
STORE LOCATION _____

(Please print clearly)

Today's Date: ___/___/___

If Purchase Order Required: PO# Only _____ (or) Purchase Order in hand at time of sale: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____ - _____

Billing Address (If different from above): _____

Form of Organization: Corporation _____ Partnership _____ Individual _____

How long in business? _____ How long at present address? _____

Previous Address (If above less than 3 years): _____

City: _____ State: _____ Zip: _____

Type of Business: _____

*State Tax Registration Number (UBI): _____ * If account is for resale, please fax or mail Resale Certificate.

CREDIT REFERENCES:

NAME ADDRESS PHONE

1. _____
2. _____
3. _____

BANK REFERENCES:

NAME BRANCH PHONE

1. _____
2. _____

PRINCIPAL OF FIRM:

We must have a Date of Birth and Social Security Number for the Principal of the Firm in the event not enough credit information is available on the company itself.

Name: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Social Sec. No.: _____ - _____ - _____ DOB: _____

NOTICE: The following is provided for your information. Please read this Commercial Credit Application Carefully and do not sign until doing so.

If this **THIRTY-DAY** account is opened, I agree:

1. To pay ENTIRE statement balance in full by the 15th of the following month.
2. To pay 18% service charge on all past due statement balances.
3. To pay attorney fees in the event collection efforts become necessary.

Signature of Corporate Officer: _____

OFFICE USE ONLY

Date Received: ___/___/___

Credit Limit: _____

Approved: Yes _____ **No** _____ **By:** _____

Customer Notified ___/___/___

Date Approved: ___/___/___

Refer also to any attached updates.