CREDIT APPLICATION

Company Information

Company Name

Billing Address

City State Zip Code

Phone Fax

Shipping Address

Web Site

Type of Business

Number of Years in Business \_\_\_ Number of Employees \_\_\_\_\_\_

Company Officers and Contact Information

President \_\_\_\_\_\_ Phone \_\_\_\_\_\_

Accounts Payable Contact

Accounts Payable E-mail Phone:

Banking Information

Bank Name: Phone:

Branch Address

Trade Information

Company Name / Address / Phone

1)

2)

Terms

Net 30 days from date of invoice. In the event that these terms are not met, a 1.5% per month finance charge may be charged. If it becomes necessary in our opinion to engage assistance in the collection of any past due monies, purchaser shall pay all collection costs, including trial and appeal costs. Venue, King County, Washington

By submitting this application, I agree to the terms authored herein. I also authorize Seatac Express to use any information above to qualify applicant credentials. **To submit document, please complete form and send to seatacexpress@seatacexpress.com**

Authorized Signature: Date

Title: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_