



P.O. Box 23, Bellingham, Washington 98227
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CREDIT APPLICATION

NAME
Firm Name
Billing Address
City
Zip
Accounts Payable Contact
List Branch Stores on Attached Sheet
DBA
Shipping Address
City
Zip
Phone
Email Address

BUSINESS
Principal Business
Date Business Started
Total Annual Sales
OWNERSHIP
Corporation
Partnership
LLC
Other
List Owners/Officers
Position
Address
Controller Contact
Bank Name
Address
Account Number
Phone
Email
Contact
State
Zip
Financial Statement Attached Yes No

TRADE REFERENCES
Name
Phone
Address
Fax
City
Contact
Email
State
Zip
Name
Phone
Address
Fax
City
Contact
Email
State
Zip
Name
Phone
Address
Fax
City
Contact
Email
State
Zip

REMARKS:

I/we hereby agree to the following:

- 1. That a representative of ALLSOP, Inc. may contact any persons named above for verification of facts and payments of funds.
2. That I/we make sure that above terms are complied with and that I/we will notify you immediately of any changes of the above facts.
3. That I/we will pay a LATE CHARGE of 1 1/2% (wish is 18% ANNUAL PERCENTAGE RATE) on the unpaid balance of my/our account on the first of each month if payment has not been made in accordance with the terms of the invoice.
4. That all invoices will be paid within the terms indicated to prevent termination of credit.

DEFAULTS: In the event of default or non-payment purchaser agrees to pay all costs incident to collections, including but not limited to reasonable attorney's fees, cost of collection, and court costs. This contract is made in the State of Washington. The buyer by placing an order agrees to submit to the jurisdiction of the courts of the State of Washington, and that the laws of the State of Washington apply.

The representations made herein are correct to the best of my knowledge and I understand this application may be rejected or revoked by ALLSOP, Inc. at any time if the actual facts are found to differ materially from those stated above.

AGREED TO BY TITLE DATE SIGNED
CORPORATE OFFICER OR OWNERS SIGNATURE ONLY