

## CREDIT APPLICATION FORM

### Business Contact Information

Company Legal Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Registered Company Address: \_\_\_\_\_

City, State/Province/Zip/Country: \_\_\_\_\_

Date Business Commenced: \_\_\_\_\_

DUNS: \_\_\_\_\_

Registration #/Federal Tax ID/SSN: \_\_\_\_\_

Select Business Type: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_

Corporation \_\_\_\_\_ Other \_\_\_\_\_

### Business and Credit Information

Primary Business Address  
(if different from above): \_\_\_\_\_

City, State/Province/Zip/Country: \_\_\_\_\_

How long at current address? \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Person responsible for  
Accounts Payable: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Ever file for bankruptcy?: \_\_\_\_\_

Credit Line Requested: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City, State/Province/Zip/Country: \_\_\_\_\_

Type of Account: Savings \_\_\_\_\_ Checking \_\_\_\_\_

Account Number: \_\_\_\_\_

## Business/Trade References

1.	<b>COMPANY NAME:</b> _____
	Company Address: _____
	City, State/Province/Zip/Country: _____
	Phone: _____ Fax: _____
	E-Mail: _____
	Type of Account: _____
2.	<b>COMPANY NAME::</b> _____
	Company Address: _____
	City, State/Province/Zip/Country: _____
	Phone: _____ Fax: _____
	E-Mail: _____
	Type of Account: _____
3.	<b>COMPANY NAME::</b> _____
	Company Address: _____
	City, State/Province/Zip/Country: _____
	Phone: _____ Fax: _____
	E-Mail: _____
	Type of Account: _____

## Authorization

1. All invoices are to be paid within terms stated on invoice.
2. Claims arising from invoices must be made within seven working days from invoice date.
3. By submitting this application, you authorize Electric Mirror, LLC to make inquiries into the banking and business/trade references that you have supplied.

Company requesting credit is (Corporation/Partnership/Individual Proprietor) and undersigned is (Officer/Partner/ Authorized person thereof) authorized to sign the application and to certify that the above statements are true. In the event applicant becomes delinquent in his account, applicant agrees that Electric Mirror, LLC shall have the right to bring suit against the applicant and if this occurs applicant agrees to pay the costs of collection, including reasonable attorney fees in suit by Electric Mirror, LLC or assigns for the merchandise sold to applicant on credit subsequent to the date hereof. Applicant further agrees that venue of any suit may be laid in Snohomish County, Washington. Applicant further agrees to give Electric Mirror, LLC permission to make inquiry on financially related matters at applicant's bank, bonding company or lending firm, and authorizes such firms to give same to Electric Mirror, LLC. Terms of sale will be shown on each invoice and it is agreed invoices shall be paid by the due date or a 1½ % per month late fee may be assessed.

## Signatures

Title: _____	Title: _____
Name: _____	Name: _____
Date: _____	Date: _____
Signature: _____	Signature: _____