

CREDIT APPLICATION



CUSTOMER INFORMATION: *PLEASE PRINT*

FIRM NAME		DATE	
ADDRESS (if above address is less than a year)		PHONE	
EMAIL		FAX	
FORM OF ORGANIZATION	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	TYPE OF BUSINESS	HOW LONG IN BUSINESS
STATE REGISTRATION #		FEDERAL TAX ID #	

CREDIT REFERENCES:

1	NAME	ADDRESS	PHONE
2	NAME	ADDRESS	PHONE
3	NAME	ADDRESS	PHONE
4	NAME	ADDRESS	PHONE

BANK REFERENCES:

1	NAME	ADDRESS	PHONE
2	NAME	ADDRESS	PHONE

PRINCIPALS OF THE FIRM:

1	NAME	ADDRESS	POSITION	PHONE
2	NAME	ADDRESS	POSITION	PHONE

<p>NOTICE: The following is provided for your information. Please read the credit plan and do not sign this agreement before you do. If this THIRTY DAY account is opened, I agree:</p> <ol style="list-style-type: none"> To pay each invoice within (30) days To pay 1.5% service charge on any invoice thirty-one days or older To pay attorney's fee in the event that collection efforts become necessary <p>Signature _____</p> <p>Date _____</p>	<p>Return completed form: Fax: (206) 542-0196 Email: orders@greentrailsmaps.com Mail: Green Trails Inc PO Box 77734 Seattle, WA 98177 Questions: (206) 546-6277 (MAPS)</p> <div style="border: 2px solid black; padding: 5px;"> <p>Green Trails Use Only Approved _____ Date _____ Account No _____</p> </div>
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