

PACIFIC RIGGING & HEAVY HAUL, INC.

Mailing Address

3610 Cedardale Road, Suite D, Mount Vernon, WA 98274
(360) 424-8665 / Fax (360) 424-8566

COMMERCIAL CREDIT APPLICATION

APPLICATION INFORMATION

COMPANY NAME _____	DATE _____	
ADDRESS _____	DUNS. NO. _____	
CITY, STATE, ZIP _____		<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION IN STATE OF _____ <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION
ACCOUNTS PAYABLE ADDRESS (if different) _____		TYPE OF BUSINESS
ACCOUNTS PAYABLE CONTACT _____	PHONE NUMBER _____	
NUMBER OF EMPLOYEES HERE _____ TOTAL _____	SALES VOLUME \$ _____	
NO. OF YEARS IN BUSINESS UNDER THIS NAME _____	NO. OF YEARS AT THIS LOCATION _____	CREDIT LINE REQUESTED \$ _____
PAYMENT PERSONALLY GUARANTEED? <input type="checkbox"/> YES <input type="checkbox"/> NO	BY _____	TITLE _____

OWNERSHIP	NAME OF OWNER _____	PHONE NUMBER _____	STATE _____	ZIP _____
	HOME ADDRESS _____	CITY _____		
	NAME OF OWNER _____	PHONE NUMBER _____	STATE _____	ZIP _____
	HOME ADDRESS _____	CITY _____		
	NAME OF OWNER _____	PHONE NUMBER _____	STATE _____	ZIP _____
	HOME ADDRESS _____	CITY _____		

TRADE REFERENCES	COMPANY NAME _____	PHONE NUMBER _____	FAX NUMBER _____	STATE _____	ZIP _____
	ADDRESS _____	CITY _____			
	COMPANY NAME _____	PHONE NUMBER _____	FAX NUMBER _____	STATE _____	ZIP _____
	ADDRESS _____	CITY _____			
	COMPANY NAME _____	PHONE NUMBER _____	FAX NUMBER _____	STATE _____	ZIP _____
	ADDRESS _____	CITY _____			

BANK REFERENCES	BANK NAME _____	PHONE NUMBER _____	FAX NUMBER _____	STATE _____	ZIP _____
	ADDRESS _____	CITY _____			
	BANK NAME _____	PHONE NUMBER _____	FAX NUMBER _____	STATE _____	ZIP _____
	ADDRESS _____	CITY _____			

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company, and its agents from any liability resulting from their credit survey. We further agree that such extension of credit shall be subject to the following terms and conditions:

1. We shall pay the amount or amounts due, as evidenced by the account, not later than thirty (30) days following the last day on which the indebtedness was incurred as evidenced by the Invoice Date.
2. We acknowledge that a service charge will be assessed on the basis of 1.5% per month on delinquent balances and agree to promptly pay said service charge.
3. In the event that a delinquent account is placed in the hands of a collection agency, or attorney for collection, or suit is instituted on this account, we agree to pay in addition to the delinquent amount and interest, an additional 15% for collection fees in addition to all court costs and attorney's fees.

AUTHORIZED SIGNATURE _____

TITLE _____ DATE _____

<input type="checkbox"/> CREDIT APPROVED	<input type="checkbox"/> CREDIT DISAPPROVED	AMOUNT \$ _____	BY: _____	DATE: _____
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