



PO Box 650 - 14071 NE 200th St; Woodinville, WA 98072 206-622-6600 FAX 206-628-0508

APPLICATION FOR CREDIT

Company's Name _____ Phone () _____

Billing Address _____ A/P Contact _____ Phone () _____

City _____ State _____ Zip _____ - _____ FAX () _____

Year established _____ Years at the above location _____

If less than 1 year - Previous Address _____

Type of Business _____ Proprietorship _____ Corporation _____ Partnership _____

Officers/Owners

Name _____ Title _____ Phone () _____

Name _____ Title _____ Phone () _____

Trade References

Name _____ Contact _____ Terms _____

Address _____ City/State/Zip _____

Phone () _____ FAX () _____ Type of Business _____

Name _____ Contact _____ Terms _____

Address _____ City/State/Zip _____

Phone () _____ FAX () _____ Type of Business _____

Name _____ Contact _____ Terms _____

Address _____ City/State/Zip _____

Phone () _____ FAX () _____ Type of Business _____

Bank

Branch Address _____ Acct # _____ Phone () _____

General Information

Are these purchases for resale? YES _____ NO _____ If yes, attach a resale card to this application.

Is a Purchase Order always required? YES _____ NO _____ If no, please list (on a separate sheet) the names of employees who may make purchases and any applicable limits.

Your signature certifies the above information supplied is true and correct. It also authorizes Westlake Electronic Supply to contact any references listed.

terms 1% discount given on invoices dated between 1-15th and paid on the 25th. 1% discount given on invoices dated between 16-31st and paid on the 10th of the following month .. otherwise NET 30 days.

Authorize signature _____ Title _____

Print name _____ Date _____

Phone (_____) _____ Ext _____ Salesman Initials _____