

Credit Application

SEATTLE 4044 22nd Ave W Seattle WA 98199 206-283-2000 Fax 206-283-7546 PACIFIC 1215 Thornton Ave SW Pacific WA 98047 206-283-2000 Fax 253-826-0260

Firm Name:			Our Legal Entity is:	
			Corporation	
	State: Zip:		Sole Proprietor	•
	Since:			
	FAX: ()			
	Tax Re			
	Contra			
IF CORPOR	RATION, LIST NAMES OF OFFICERS AND TITLE	ES. IF OTHER ENTITY, LIST N	AMES OF OWNE	RS
 Name/Title	Address	City & State		Zip
Name/Title	Address	City & State		Zip
Name/Title	Address	City & State		Zip
We Bank at:	BANKING INFOR Branch:		Conta	ct:
	THE FOLLOWING ARE CURREN	IT TRADE REFERENCES		
Name:	Name: Name:			
Address:	Address: Addre		ss:	
City, St., Zip:	City, St., Zip: City, S		Zip:	
Telephone:	Telephone: Teleph		ne:	
FAX #:	FAX #:	FAX #: FAX #:		
per annum or at the highest rate und Construction Specialties. Indemnity: unconditionally, individually, jointly a that the purchaser will pay, to the ext	credit terms are 1% 10 th – Net 30 days from date of inverse applicable law, to any account balance exceeding 30 this fully understood and agreed that upon approval on severally guarantee full payment of the purchase pricent permitted under applicable law, all reasonable attempted is considered continuous and can only be waived	days Net. All invoices will be paid of this application, or reapplication ice of goods and merchandise so d orney fees and court costs incurred	in accordance with the the undersigned Pringle elivered. It is further by Atlas Constructio	ne terms set forth by Atlas ncipal(s) will understood and agreed n Specialties in connection

that all information on this application is correct and the listed bank and references are authorized to release appropriate information to Atlas Construction Specialties;

______ Date: _____

and that an authorized Officer, Owner, Partner, or Managing Member has signed this application.

By signing below, I/We acknowledge and agree to these conditions.

Applicant Signature: __
By (print name): __

Corporate Title: