



Credit Application

Application must be completely filled out and signed by an owner, partner or corporate officer to be considered for credit!

Company Name: _____ DUNS#: _____
Address: _____ Phone: _____
City: _____ State _____ Zip Code _____ Fax: _____
Website: _____ Date Company Started: _____ State: _____ Resale Cert#: _____
Business Type: ___ Corp ___ LLC ___ LLP ___ Partnership ___ Sole Proprietorship Credit Limit Requested: _____
Brief Description of Business _____

Owner, Partner or Corporate Officers:

President/Owner: _____ Title: _____ Email: _____
VP-Finance/CFO: _____ Title: _____ Email: _____

Bank Reference:

Name: _____ Branch: _____ Account Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Officer to Contact: _____ Phone: _____ Email: _____

Trade References from the USA Preferred. Please Give Zip Codes and List Account and Fax Numbers:

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Acct. #: _____
Contact Name: _____ Email: _____

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Acct. #: _____
Contact Name: _____ Email: _____

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Acct. #: _____
Contact Name: _____ Email: _____

In consideration of Custom Interface granting credit, we agree to the following:

- 1. We will pay all invoices in accordance with Custom Interface standard terms and conditions. We specifically agree to pay interest at 1.5% per month or the maximum rate allowed by law on all unpaid invoices after thirty (30) days from the invoice date.
- 2. We accept Custom Interface standard terms and conditions of sale, regardless of any terms and conditions shown on our purchase orders.
- 3. I agree to be personally liable for any credit granted by Custom Interface as a result of this application.
- 4. Should this account ever become delinquent and it becomes necessary to employ an attorney to collect or commence suit to enforce payment, we agree to pay reasonable additional attorney's fees and any additional costs of such suit.
- 5. It is agreed that all obligations created herein are to be preformed in Bingen, Washington, USA and that the courts of Klickitat County, Washington have jurisdiction over any action to enforce collection of this account.

Owner, Partner or Corporate Officer's Name: _____ Title: _____

Signature: _____ Date: _____