



CREDIT APPLICATION/  
PURCHASE AGREEMENT

DATE \_\_\_\_\_

3434 2<sup>ND</sup> AVENUE SOUTH • SEATTLE, WA 98134  
(206) 233-0595 • FAX (206) 233-0536

Salesperson: Jim Logan (978) 744-6093

CREDIT APPLICATION INFORMATION

Business Name \_\_\_\_\_

DBA or AKA \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Nature of Business \_\_\_\_\_

Year Established \_\_\_\_\_ Purchase Order Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Resale Certificate #: \_\_\_\_\_

Financial Statements are: Attached \_\_\_\_\_ Available Upon Request \_\_\_\_\_ Not Available \_\_\_\_\_

Business Site is: Owned \_\_\_\_\_ Leased \_\_\_\_\_

Has your company ever filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any officer or owner of your company ever filed bankruptcy, either personally or under another company name? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Chapter 7 \_\_\_\_\_ Chapter 11 \_\_\_\_\_ Chapter 13 \_\_\_\_\_

OFFICERS OF CORPORATION, THE PARTERS, OR THE SOLE PROPRIETORS

Name \_\_\_\_\_ Position \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Soc Sec# \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Soc Sec# \_\_\_\_\_

BANK REFERENCE

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Account # \_\_\_\_\_

## TRADE REFERENCES

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account  
# \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account  
# \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account  
# \_\_\_\_\_

## PURCHASE AGREEMENT

I (we) promise to pay my (our) account in full on or before the due date as shown on each invoice generated by the purchase of goods and/or services. In the event this account is not paid as agreed, a delinquency charge shall accrue as follows. The delinquency charge shall be computed at the rate of eighteen percent (18%) per annum on the unpaid balance; except in the event the transaction involves a "consumer" transaction as defined by the laws of the state of Washington, or a transaction in a state outside of Washing state, then at the highest rate of interest allowed by applicable law, for loans of forbearance on the money .

Seattle Textile, Inc. and Seattle Industrial Textile, Inc. has the right to apply payments to the oldest balances, including delinquency charges; issue credits for returned merchandise, less restock fee; grant additional time to repay delinquent balances; and take promissory notes, record liens, or take other forms of security on a delinquent account without further notice.

I (we) agree to pay, in addition to the foregoing, reasonable attorney's fees incurred in connection with the collection of this account, regardless of whether or not suit is actually filed; and , in addition, any fees and/or costs incurred in any subsequent action to enforce any judgment obtained relating to this account. At the option of Seattle Textile, Inc. and Seattle Industrial Textile, Inc. the venue of any suit brought to collect this account may be held in King County Superior Court of the state of Washington.

You are hereby authorized to contact any or all of the references listed herein, including our bank, and further utilize outside consumer and commercial credit reporting services to obtain information regarding our credit standing.

I (we) certify that all the information contain in the application for credit on the reverse side, and any attachments, is true and correct to the best of my (our) information, knowledge and belief. I (we) promise to promptly notify you, in writing, of any changes hereafter relating to the information supplied herein. I (we) agree that signatures transmitted by facsimile shall be deemed originals for all purposes.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date