

HYTOPZ INC.
APPLICATION FOR CREDIT
E 7207 BROADWAY – P.O. BOX 13322 – SPOKANE, WA 99213-3322
PHONE: (509) 927-0092 FAX: (509) 927-9529

COMPANY NAME _____ **DATE** _____

Physical Address _____ **City** _____ **State** _____ **Zip** _____ **Ph #**() _____

Mailing Address _____ **City** _____ **State** _____ **Zip**(9digit) _____ **Fax#**() _____

Shipping Address _____ **City** _____ **State** _____ **Zip** _____ **WA Location Code** _____

Type of Business _____ **Corporation** _____ **Partnership** _____ **Limited** _____ **General** _____ **Sole Owner** _____

Resale Certificate # _____ **Tax Id #** _____ **Amt of Credit Requested \$** _____

How long in business _____ **Contractors License #** _____ **Expiration Date** _____

Bonding Co. _____ **Ph#**() _____ **Expiration Date** _____ **Bond #** _____ **Fax #** _____

Have You Ever Filed Bankruptcy ? Yes _____ No _____ **When** _____ **Where** _____

Purchase Orders Required: Yes _____ No _____ **Job Name or Number Required:** Yes _____ No _____

COMPLETE ONLY ONE OF THE FOLLOWING AS IT APPLIES TO THE ACCOUNT NAMED ABOVE

INDIVIDUAL OR SOLE OWNERSHIP: Owners Name _____ Spouse's Name _____

Birth Date _____ **Social Security #** _____ **Home Address** _____

Res Phone # () _____ **Fax #**() _____ **Drivers License #** _____

Email Address _____ **Check here for promotions** _____

PARTNERSHIP/JOINT VENTURE: Written Agreement Yes _____ No _____ **Date Started** _____ **Filed With State** _____

Partner Name _____ **Spouse's Name** _____ **Home Address** _____

Res Phone #() _____ **Fax #**() _____ **Birth Date** _____ **Social Security #** _____

Partner Name _____ **Spouse's Name** _____ **Home Address** _____

Res Phone #() _____ **Fax#**() _____ **Birth Date** _____ **Social Security #** _____

Email Address _____ **Check here for promotions** _____

Corporation Chartered in State of _____ When _____ Registered Agent _____

President _____ **Home Address** _____ **Res Phone #**() _____

Email Address _____

Vice President _____ **Home Address** _____ **Res Phone #**() _____

Email Address _____

Sec/Treas _____ **Home Address** _____ **Res Phone #**() _____

Email Address _____ **Check here for promotions** _____

OVER)

CREDIT REFERENCES:

BANK _____ **BRANCH** _____ **BANK OFFICER** _____

Checking Acct# _____ Savings Acct# _____ Phone #() _____ Fax #() _____

Are accounts receivable, inventories, fixed assets pledged as collateral? Yes ___ No ___ If yes, please describe:

Trade Suppliers and References: (attach list if necessary)

Company _____ **Company** _____ **Company** _____

Address _____ **Address** _____ **Address** _____

Ph #() _____ **Fax #()** _____ **Ph #()** _____ **Fax #()** _____ **Ph #()** _____ **Fax #()** _____

Contact _____ **Contact** _____ **Contact** _____

This application is given for the purpose of obtaining credit, and therefore all information is warranted by the applicant to be complete and accurate. I/we agree to pay to Hytopz, Inc., all invoices in full within the terms of the invoice which is **Net 30 Days**, from date of invoice, after which date, account is delinquent. If my/our account is not paid as agreed, then I/we agree to pay a **Service Charge of 1.5%** on the delinquent amount. In the event that it becomes necessary to assign the account for collection, I/we agree to pay all agency fees and/or legal fees. I/we agree to pay reasonable attorney fees and costs that are incurred. If suit is brought, venue may be laid in the county and state of creditor's choice. I/we authorize Hytopz, Inc., to contact any and all of the references given regarding our credit standing. I/we further authorize any of the above named credit references to release any information requested by Hytopz, Inc., and we further authorize Hytopz, Inc. to obtain personal credit reports, for determining whether or not to extend credit. I/we have read the terms and conditions contained herein and agree to abide by them.

Dated this _____ **day of** _____ **Year** _____

Authorized Signature _____ **Title** _____

Authorized Signature _____ **Title** _____

PERSONAL GUARANTEES:

I/we hereby agree to the above terms and conditions stated and do assume personal liability for payment of said applicant's account. It is understood that the credit will not be extended without this personal guarantee.

Name _____ **Address** _____ **Ph #()** _____

Signature _____ **Title** _____ **Date** _____

Name _____ **Address** _____ **Ph #()** _____

Signature _____ **Title** _____ **Date** _____

FOR OFFICE USE ONLY

CREDIT REFERENCE	#1	#2	#3	BANK
NAME				
PHONE				
CONTACT PERSON				
DATE OPENED				
HIGH BALANCE				
TERMS				
PAYMENT HISTORY				
TODAY'S BALANCE				
CURRENT 30 60 90				

Acct# _____ Credit Limit \$ _____ Matrix Code _____ Tax Code _____ Sic Code _____ Salesman Code _____ Territory Code _____

Approved By _____ Entered By _____ Date _____

Rev 7/99. For Hytopz, Inc. use only.