

Washington Cold Storage, Incorporated

240 15th St. SE
PO Box 1056
Puyallup, WA 98371
(253) 848-8511
FAX (253) 845-8011

CREDIT APPLICATION

Date _____

Firm Name _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

Billing Address _____ Fax _____

_____ CORPORATION PARTNERSHIP SOLE OWNER

Shipping Address _____ Tax I.D.# _____

Persons with Release Authority: _____

As applicable, list name(s) and address(es) of Corporate Officers, Partners or Owner.

Name	Address	Phone

Type of business _____

_____ Credit Line Requested _____

How Long in business _____ How long present location _____

Number Employees _____ Annual Dollar Volume – Sales _____

Is business location Owned _____ Leased _____ Monthly Rental _____

Name of person responsible for Accounts Payable _____ Phone _____ Fax _____

Name of Bank _____ Branch _____

Bank Contact Person _____ Bank Account No. _____

Address _____ Phone _____ Fax _____

Trade References

Address _____ Phone _____ Fax _____

Address _____ Phone _____ Fax _____

Address _____ Phone _____ Fax _____

Will you furnish a financial statement if requested? Yes ___ No ___ Net Worth? _____

_____ X _____

(Print Applicant's Name)

(Applicant's Signature)