



3223 164th Street SW, Unit A
 Lynnwood, WA 98087
 Phone: 425-745-1266
 Fax: 425-745-1215

CREDIT APPLICATION FOR			
Last:	First:	Title:	
Phone:	Fax:	E-mail:	
BUSINESS INFORMATION			
Name of Business:			
Primary Business Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Industries Served:			In Business Since:
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/> _____			
CREDIT INFORMATION			
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
<u>Type of Account</u>	<u>Account Number</u>		
Savings			
Checking			
Other			
BUSINESS/TRADE REFERENCES (AT LEAST 4)			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Electrical Hub for which credit is being applied for in order to verify the information contained herein.			
Print Name:		Signature/Date:	