

**Group One NW, Inc.**

12031 NE Northup Way, #100

Bellevue, WA 98005 425.454.9900 Fax:425.454.5902

**Trade Account / Check Acceptance Application**

Company name: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date Business Established \_\_\_\_\_

 Check Acceptance Application Only

Amount of Credit Requested: \$ \_\_\_\_\_

Federal TIN:        - \_\_\_\_\_

 Corporation Partnership Self Proprietorship LLCResellers Permit Number:   A   \_\_\_\_\_Purchase Order Numbers Required?:     Yes     No

Contractor's License # and State: \_\_\_\_\_

**Owners or Officers:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Sec: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, ST: \_\_\_\_\_

Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Sec: \_\_\_\_\_

Home Address \_\_\_\_\_

City, ST: \_\_\_\_\_

Zip: \_\_\_\_\_

**Trade References (Companies you currently purchase from using an open account): NO CREDIT CARDS**

Name: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

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

**Bank References:**

Bank Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

We acknowledge that there is a \$20 minimum for invoices on account and that all invoices are due thirty (30) days from the date of invoice. We hereby grant Group One NW, Inc. permission to conduct a credit investigation of our business, including, but not limited to bank and credit references, and credit information providers. Payments on account made by credit card will be charged a 5% service charge. For invoices not paid within 30 days, we agree that Group One NW, Inc. may assess, and we agree to pay, reasonable late charges (not to exceed 1.5% per month, as permitted by law), attorneys' fees, collection agency fees and other costs associated with collection. This agreement shall be governed by the laws of the state of Washington.

**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_

In consideration of the extension of credit to our company, the undersigned jointly and severally agrees to be held personally responsible for the payment of any and all amounts owed to Group One NW, Inc. by our company, and agrees that in the event of default of payment by our company, Group One NW, Inc. may charge the amounts due plus a 5% service charge to the following credit card account which is in the name of the undersigned.

**Visa/MasterCard #:** \_\_\_\_\_**Exp. Date:** \_\_\_\_\_**Name on card:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Three Digit CVV#** Provide Verbally \_\_\_\_\_**Date:** \_\_\_\_\_