

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 Only

Amount of Credit Requested: \$ _____

Federal TIN: - Corporation Partnership Self Proprietorship LLC

WA State Resale # (if applicable): _____

Note: Separate resale certificate must be on file for tax exempt purchases.

Purchase Order Numbers Required?: Yes No

Contractors License # and State: _____

Owners or Officers:

Name: _____

Title: _____

Social Sec: _____

Home Address: _____

City, ST: _____

Zip: _____

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 reliable 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: _____

3 Digit CVV2 _____

Title: _____

Date: _____