

CREDIT APPLICATION



THIS CREDIT APPLICATION MUST BE COMPLETED IN FULL

COMPANY OR INDIVIDUAL NAME		DATE		
CONTACT PERSON	TELEPHONE HOME	TELEPHONE WORK		
ADDRESS	CITY	STATE	ZIP CODE	
BILLING ADDRESS	CITY	STATE	ZIP CODE	
EMAIL ADDRESS	TYPE OF BUSINESS	YEARS AT ADDRESS		
APPLICATION FOR: CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____	FED TAX ID #			
	WA STATE UBI NUMBER			
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	
INDIVIDUAL(S) OR PRINCIPALS OF COMPANY				
NAME	DATE OF BIRTH	SOCIAL SECURITY NO.	ADDRESS	TITLE OR OCCUPATION
CREDIT REFERENCES				
NAME	ADDRESS	ACCOUNT NO.	TELEPHONE	
BANK REFERENCES				
NAME	ADDRESS	CHECKING OR SAVINGS	ACCOUNT NO.	



NOTICE:

The following credit agreement requires your signature

Please read the agreement before signing the application.

CREDIT AGREEMENT:

If credit is granted, I agree to the following terms:

1. Accounts are due and payable in full 30 days from the billing date.
2. Interest on the unpaid balance shall accrue at the rate of 1% per month with a minimum charge of \$50.00.
3. Applicant agrees any balance 60 days delinquent shall result in credit privileges being suspended until the entire balance is cleared.
4. Applicant agrees to pay all collection costs and/or attorney's fees in the event collection becomes necessary.
5. Applicant authorizes release of any credit and banking information necessary for the approval of this application.
6. If the applicant is a corporation, the corporate officers agree to be individually liable for corporate debts in the event the corporation cannot pay its debts for any reason.

Instructions:

1. Print form, complete thoroughly and sign. Electronic copies are not accepted.
2. Return along with a non-refundable application fee of \$50.00

Please - do not mail cash. Checks or credit cards are gladly accepted.

Return to:

City of Port Angeles / Attn: Customer Service Department/P.O. Box 1150 / Port Angeles, WA 98362 **or** return to City Hall during regular business hours: Monday - Friday / 8am to 5pm

Applicant certifies that the above information is true and correct, and that the applicant will comply with the terms of this agreement.

Signature of applicant

Date

Title