

PO Box 871177 Vancouver, WA 98687 PH#:503-239-4000 Fax#:503-239-4011

Credit Application

Company Name:_				
Address:		_ City:	State: Zip:	
Phone:	Fax:	(Cell:	
Corporation []	Sole Proprietorship []	Partnership []	Years in Business:	
Owner:		Address:		
Owner:		Address:		
Federal Tax ID #:				
Bonding Company	/:	Bond #:		
Contractor's Licen	se#:	Sales Tax #:		
How do you want	your invoices and statemer	nts sent to you?		
Fax (fax	number and name of person to recei	ve fax)		
E-Mail (e-mail address to send invoices/stat	ements)		
Trade Reference	(please provide 3 references)			
Company Name:_			Phone #:	
Contact: _			Fax #	
Company Name:_			Phone #:	
			Fax #	
			Phone #:	
Contact			Fav #	

Spears Construction Supply Credit Application (Continued)

Bank Information			
Bank:	Branch:		
Address:			
Contact:	Account #:	Phone#:	
I/we hereby author	ize Spears Construction Supply to	contact our bank to request credit	
information relating	to our request for credit.		
	Name	 Date	
equal to one and a hathe unpaid balance of or in part. If this accacknowledge that yo you, and I/we hereby the charge for said calliquidated damages, a ln consideration of yothe truth of the state me/us or at my/our never filed a petition firm or individual.	alf percent (1.5%) per month (or the my/our account for each month the ount is placed with a bonded collect u will be damaged thereby to the sy agree to pay, in addition to the uplection, not exceeding fifty percented also a reasonable attorney's fee our extending me/us credit, I/we are ments, both those that are prepriedirections, in granting me/us any each of bankruptcy and that I/we am/are	acknowledge that you are relying upon inted and those that are completed by extension of credit, and that I/we have not delinquent in any account with any	
Signature		Title	
Date:			

Please attach a copy of your current sales tax resale certificate if appropriate.