



6205 S. 231st St., Kent, WA 98032
(800) 426-5708 • FAX (253) 859-7300 • AmericanRetailSupply.com

Packaging • Display • Price Marking • Inventory Control • Promotional Products

Account #

APPLICATION FOR CREDIT TERMS

Business Information

Credit Limit Requested: _____

Company Name _____ Federal Tax ID# _____
Type of Business: Sole Prop _____ Partnership _____ Corporation _____ LLC _____ Other _____
Billing Address _____
City, State, Zip _____
Shipping Address (If different) _____
City, State, Zip _____
Acct's Payable Contact _____ Phone (____) _____
Acct's Payable Email Address _____
Year Established _____ ** Line of Business _____
Would you like Invoices and Statements Emailed to you? Yes: _____ No: _____

Resale Information

If your Reseller Permit or Certificate is not on file, we are required by State Law to charge sales tax on all items regardless if it is for resale or not. Please select below your type of reseller.

For all WA businesses only: Please attach a Reseller Permit that includes your permit number.

For all CO, CA, HI or TX businesses: Please attach a Resale Certificate that includes your resale number.

For resale in the regular course of business without intervening use.

For use as an ingredient or part of a new article of tangible property to be produced for sale.

OUR TERMS ARE 1% 10, NET 30 DAYS – ALL PAST DUE INVOICES ARE SUBJECT TO A 2% PER MONTH SERVICE CHARGE. You will only be granted the 1% discount if payment is received via check within 10 days of the invoice date. Applicant's signature attests to financial responsibility, ability, and willingness to pay invoices in accordance with agreed terms. If American Retail Supply Corp. employs a collection service or attorney in order to collect on the account, applicant agrees to pay reasonable collection, attorney, and service charge fees. Applicant herein warrants and represents that all statements made herein are true and correct and agrees to pay all of the account in accordance with the terms as set. I authorize you to obtain credit information on our firm.

Signature _____ Title _____
Print Name _____ Date _____

** Personal Information (For businesses established in the last 12 months)

Please sign Guarantee Below

Owner _____ SS# _____
Home Address _____ Home Phone _____
City, State, Zip _____

Personal Guarantee – In consideration for credit extended, the undersigned guarantees to the faithful payment, when due, of all accounts of the company seeking credit in this application. Revocation of this personal guarantee shall be in writing and delivered by certified mail.

Print Name _____ Signature _____ Date _____

Please remit all payments to: 6205 South 231st Street, Kent, WA 98032

BANKING INFORMATION

Bank Name _____ Phone # _____
Bank Address _____
Fax # _____ Acct. No. _____

TRADE REFERENCES

In order to process your application without delay, please supply complete information.

Company _____ Acct. No. _____

Address _____

City, State, Zip _____

Phone (____) _____ Fax (____) _____

Contact Person _____

Company _____ Acct No. _____

Address _____

City, State, Zip _____

Phone (____) _____ Fax (____) _____

Contact Person _____

Company _____ Acct No. _____

Address _____

City, State, Zip _____

Phone (____) _____ Fax (____) _____

Contact Person _____