



16719 110<sup>th</sup> Ave E. Suite A Puyallup, WA 98374  
 (800) 426-5708 | Fax (253) 859-7300 | AmericanRetailSupply.com  
 3 Locations to Serve You Puyallup, WA | Denver, Co | Honolulu, HI  
**Shopping Bags | Packaging | Store Fixtures | Displays**

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 of 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 NET 30 DAYS – ALL PAST DUE INVOICES ARE SUBJECT TO A 2.5% PER MONTH SERVICE CHARGE.

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 the accounts in accordance with the terms as set. I authorize you to obtain credit information for our firm.

**To the customer: Please note that an electronic signature is not valid, this needs to be a wet signature. By signing you are authorizing American Retail Supply to contact your Bank and Credit References below.**

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 - 16719 110<sup>th</sup> Ave E Ste A, Puyallup WA 98374**

## BANKING INFORMATION

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
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 \_\_\_\_\_

Email \_\_\_\_\_

Company \_\_\_\_\_ Acct No \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

Company \_\_\_\_\_ Acct No \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_