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 Fax (425) 988-6501

SPOKANE
 425 W Second Ave
 Spokane, WA 99201
 (509) 624-3152
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CREDIT APPLICATION AND TERMS (COMMERCIAL/FINANCIAL)

COMPANY NAME: _____
 BILLING ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 SITE ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 PARENT COMPANY: _____
 PHONE: () _____ FAX: () _____ RESALE # _____

CURRENT RESALE CERTIFICATE TO ACCOMPANY APPLICATION IF APPLICABLE

TAXABLE: YES NO CREDIT LIMIT REQUESTED: _____
 ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____
 E-MAIL ADDRESS: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____
 CORPORATION PARTNERSHIP PROPRIETOR
 FEDERAL EI # _____ PURCHASE ORDER REQUIRED: _____ YES _____ NO

TRADE REFERENCES

	NAME	ADDRESS	PHONE
1.			
2.			
3.			

BANK REFERENCE

Name of Bank: _____
 Address: _____
 Phone # : _____ Contact Person: _____
 Account #: _____

In the interest of good business, it is desirable to establish a policy to avoid misunderstandings. Therefore, we wish to clarify the following :
PAYMENT TERMS: Net 10 Days from date of invoice. **OTHER TERMS:** Applicant authorizes the creditor to make consumer & commercial inquiries of financial and related matters for the purpose of granting credit. In order to encourage prompt payment, a delinquent charge of 18% per annum and/or a \$25.00 late fee may be added to cover the cost of additional handling required. NSF checks will be subject to a \$25.00 fee. The information supplied is for Allied Fire & Security internal use only.

The above information is warranted to be true and I have read and accept credit policy terms outlined above. I agree that in the event additional costs and/or fees are incurred in connection with the collection of my account, I will pay all such fees, including collection costs, attorney fees and all court costs.

Applicant's Name _____ Title: _____
 Signature: _____ Date: _____

~~~~~ Allied Security Use ~~~~~

Date Processed \_\_\_\_\_ Account # \_\_\_\_\_ Terms \_\_\_\_\_

Approved  YES  NO By \_\_\_\_\_ Date \_\_\_\_\_

(Attach reason for disapproval)

Credit Limit \_\_\_\_\_