PORTLAND
530 NE Couch
Portland, OR 97232
(503) 281-1177
Fax (503) 288-1539

RENTON
3051 E Valley Rd
Renton, WA 98057
(425) 988-6500
Fax (425) 988-6501

SPOKANE
425 W Second Ave
Spokane, WA 99201-4311
(509) 624-3152
Fax (509) 624-6909

CREDIT APPLICATION AND TERMS (RESIDENTIAL/INDIVIDUAL)

CUSTOMER NAME: ______________________________

BILLING ADDRESS: ______________________________

CITY/STATE/ZIP: ______________________________

SITE ADDRESS: ______________________________

CITY/STATE/ZIP: ______________________________

PHONE: ( ) ______________________ FAX: ( ) ______________________

SOCIAL SECURITY #________________ DRIVER'S LICENSE # ________________

SPOUSE/ALTERNATE CONTACT ______________________________

EMPLOYMENT REFERENCE

NAME OF EMPLOYER	CONTACT PERSON	TITLE	PHONE #

BANK REFERENCE		
Name of Bank:		
Address:		
Phone # :	Contact Person:	
Account #:		

EXISTING CREDIT GRANTORS

INSTITUTION NAME	ACCOUNT #	PHONE #

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 due upon receipt of invoice.** ***OTHER TERMS:*** **Applicant authorizes the creditor to make consumer inquiries of financial and related matters for the purpose of granting credit. In order to encourage prompt payment, accounts over 30 days may be charged a minimum of $12.50 administrative handling fee and interest at the highest legal rate. A $25.00 handling fee will be charged on all returned checks.**

♦♦

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 fees, including collection costs, attorney fees and all court costs.

Applicant's Name (Please Print) ______________________________

Signature: ______________________________ Date: ________________

Allied Security Use

Date Processed________________ Account #________________ Terms ________________

Approved ☐YES ☐ NO By ______________________ Date ________________

(Attach reason for disapproval)

Credit Limit ________________