

# ACCOUNT SET-UP FORM & TERMS (COMMERCIAL/FINANCIAL)



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

**Kent**  
1015 Central Ave N, Kent, WA 98032  
(425) 988-6500, Fax (425) 988-6501

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

COMPANY NAME: \_\_\_\_\_

PARENT COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SITE NAME (IF DIFFERENT FROM COMPANY NAME): \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SITE CONTACT NAME: \_\_\_\_\_ SITE PHONE:( ) \_\_\_\_\_ SITE FAX:( ) \_\_\_\_\_

**CURRENT RESALE CERTIFICATE TO ACCOMPANY THIS FORM IF APPLICABLE**

TAXABLE:  YES  NO RESALE #: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

CORPORATION  PARTNERSHIP  PROPRIETOR

FEDERAL EIN #: \_\_\_\_\_ PURCHASE ORDER REQUIRED:  YES  NO

**\*\*CURRENT W9 TO ACCOMPANY THIS FORM\*\***

**TRADE REFERENCES**

	NAME	ADDRESS	PHONE
1.			
2.			
3.			

**BANK REFERENCE**

BANK NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ 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 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. It is Allied's policy to run a credit report for all new accounts. 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 agency fees, attorney fees and all court costs.

Applicant's Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Allied Fire & Security Use Only**

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

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

**(Attach reason for disapproval)**

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