

McNAMARA SIGNS

14058 Lake City Way NE
Seattle, WA 98125
206-284-0809 • FAX 206-284-0796

APPLICATION FOR CREDIT

Approved By: _____ A _____ mount: _____
Date: _____

Company Name: _____ Telephone: _____

Billing Address: _____

Authorized Purchasing Agents: _____

A/P Contact: _____

Tax ID # : _____

Fed ID # : _____

(If Purchases Are Non-Taxable)

(If Company Is Incorporated)

REFERENCES

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

BANK REFERENCE

Bank Name: _____

Contact: _____ Phone: _____

Address: _____

OWNERSHIP

Name: _____ Title: _____

Address: _____

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH FOLLOWING TERMS.

Net 30 Days

Finance Charge of 1.5% per month on balances over 30 days, 50-cent min.

All returned checks will be charged \$15.00. More than one returned check, the account will go on a strict cash basis, until further notice. If the account is unpaid and it is transferred to a collection agency, the customer will pay all attorney and/or collection fees.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF ESTABLISHING CREDIT AND WILL BE KEPT WITH STRICT CONFIDENCE. I/WE HEREBY AUTHORIZE MCNAMARA SIGNS TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

We agree to the terms of McNamara Signs.

Print Name: _____ Signature: _____ Date: _____