

CREDIT APPLICATION



THIS CREDIT APPLICATION MUST BE COMPLETED IN FULL

COMPANY OR INDIVIDUAL NAME		DATE	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE HOME	TELEPHONE WORK	
BILLING ADDRESS	CITY	STATE	ZIP CODE
APPLICATION FOR: CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____	TYPE OF BUSINESS	YEARS AT ADDRESS	
	WA STATE UBI NUMBER		
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE

INDIVIDUAL(S) OR PRINCIPALS OF COMPANY

NAME	DATE OF BIRTH	SOCIAL SECURITY NO.	ADDRESS	TITLE OR OCCUPATION

CREDIT REFERENCES

NAME	ADDRESS	ACCOUNT NO.	TELEPHONE

BANK REFERENCES

NAME	ADDRESS	CHECKING OR SAVINGS	ACCOUNT NO.



NOTICE:

The following credit agreement requires your signature

Please read the agreement before signing the application.

CREDIT AGREEMENT:

If credit is granted, I agree to the following terms:

1. Accounts are due and payable in full 30 days from the billing date.
2. Interest on the unpaid balance shall accrue at the rate of 1% per month with a minimum charge of \$.50.
3. Applicant agrees any balance 60 days delinquent shall result in credit privileges being suspended until the entire balance is cleared.
4. Applicant agrees to pay all collection costs and/or attorney's fees in the event collection becomes necessary.
5. Applicant authorizes release of any credit and banking information necessary for the approval of this application.
6. If the applicant is a corporation, the corporate officers agree to be individually liable for corporate debts in the event the corporation cannot pay its debts for any reason.

Instructions:

1. Print form, complete thoroughly and sign. Electronic copies are not accepted.
2. Return along with a non-refundable application fee of \$50.00

Please - do not mail cash. Checks are gladly accepted.

Return to:

City of Port Angeles / 321 E 5th Street / Port Angeles, WA 98362

Attn: Customer Service

or return to City Hall during regular business hours: Monday - Friday / 8am to 5pm

Applicant certifies that the above information is true and correct, and that the applicant will comply with the terms of this agreement.

Signature of applicant	Date	Title
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