

CONFIDENTIAL CREDIT APPLICATION



APPLICANT: BUSINESS OR CORPORATE NAME

DATE

BUSINESS STREET ADDRESS

BILLING ADDRESS

BUSINESS TELEPHONE/BILLING TELEPHONE

FAX INVOICES TO

CONTACT PERSON/A/P CONTACT

EMAIL INVOICES TO

BUSINESS ENGAGED IN

CREDIT LIMIT DESIRED

OWNERS (IF PROPRIETOR OR PARTNERSHIP)

NAME TITLE HOME ADDRESS

OFFICERS (IF CORPORATION)

TRADE REFERENCES (LIST THREE)

NAME _____

PHONE _____

ADDRESS _____

FAX _____

NAME _____

PHONE _____

ADDRESS _____

FAX _____

NAME _____

PHONE _____

ADDRESS _____

FAX _____

BANK REFERENCE

BANK _____

PHONE _____

ACCOUNT OFFICER _____

FAX _____

CHECKING ACCT# _____

LOANS _____

AUTHORIZED SIGNATURE _____

TITLE _____

TERMS ARE 1% 10 DAYS, **NET** 11 DAYS. WE AGREE THAT ALL PAYMENTS ARE DUE ACCORDING TO THE TERMS OF THE INVOICE AND THAT THE CASH DISCOUNT WILL BE ALLOWED **ONLY** IF PAYMENT IS RECEIVED ACCORDING TO THOSE TERMS. IF PAYMENT IS NOT MADE WITHIN TERMS, INTEREST SHALL ACCRU AT THE RATE OF 1 ½ PERCENT PER MONTH



The mark of responsible forestry
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