

# APPLICATION FOR CREDIT

6703 S 234<sup>th</sup> St. Suite 120  
Kent, WA 98032  
Fax: 253-852-9272



Legal Name of Applicant \_\_\_\_\_

Division or DBA \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone: \_\_\_\_\_

Shipping Address \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Company \_\_\_\_\_ Relationship \_\_\_\_\_

Parent Address \_\_\_\_\_ Phone: \_\_\_\_\_

Former Business \_\_\_\_\_ Address \_\_\_\_\_

Legal Entity

Proprietorship Partnership Corporation No. of Employees \_\_\_\_\_ Fax \_\_\_\_\_

Limited Liability Company Other \_\_\_\_\_ SIC Code \_\_\_\_\_ State Registered \_\_\_\_\_

Type of Business \_\_\_\_\_ Length of Time in Business Under Present Ownership \_\_\_\_\_

Officers or Owners Names: Title Home Address Phone

Person to contact regarding \_\_\_\_\_

Credit & Financial matters: \_\_\_\_\_ Title \_\_\_\_\_

Purchase Orders required? Y N Monthly credit requirement \_\_\_\_\_

E-Mail: Order Acknowledgements Y N E-Mail: Address \_\_\_\_\_

E-Mail: Invoices & Statements Y N E-Mail: Address \_\_\_\_\_

## Trade References

Name	Address	City/State	Zip	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank \_\_\_\_\_ Address \_\_\_\_\_

Account # \_\_\_\_\_ Loan Officer \_\_\_\_\_ Phone \_\_\_\_\_

Own or Rent Building \_\_\_\_\_ From whom? \_\_\_\_\_ Address \_\_\_\_\_

**ATTACH CURRENT FINANCIAL STATEMENT-BALANCE SHEET AND INCOME STATEMENT**

## Business Credit Terms

Please be advised that all information will be held in strictest confidence. Upon Credit Approval, a credit limit may be established at the sole discretion of WCP Solutions (Creditor). Applicant authorizes Creditor to conduct a credit investigation and contact any/all references as provided.

Applicant's signature attests financial responsibility, ability, and willingness to pay Creditor invoices in accordance with the terms stated on each invoice. No terms or conditions on a Purchase Order differing from the terms of Creditor shall be accepted unless agreed on by Creditor in writing. A finance charge equal to the maximum amount allowed by law but not to exceed 1.5% per month may be imposed on delinquent invoices. Payments may be applied against open charges at the discretion of Creditor. In the event that the account becomes delinquent, the applicant waives the right to a jury trial and the prevailing party is entitled to attorney fees for any action, suit, claim, arbitration or appeal. Venue and jurisdiction of any legal action may lie either in the county (or borough) and state of the Creditor's branch office or King County, WA at the sole option of Creditor.

Applicant agrees to notify Creditor of any changes in ownership or legal status of the business. Until Creditor receives written notice by certified mail of any change in ownership or entity, applicant agrees to accept liability for all charges to the business conducted under the firm name.

Should credit availability be granted by Creditor, all decisions with respect to the extension, continuation, or termination of credit shall be at sole discretion of Creditor. If application for business credit is denied; there is a denial of a request for an increase in applicant's credit limit; or credit has been terminated, applicant has the right within 60 days to request a written statement of the specific reasons for the denial. Creditor will send written statement of reasons for the denial within 30 days of receiving request.

Applicant certifies that the above information is true and correct to the best of their knowledge, agrees to be bound by all the terms and conditions contained in this application, and further agrees that a facsimile shall be as binding as an original signature.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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## Proprietorship and Partnership Applicants

The undersigned Proprietorship or Partnership Applicant(s) hereby consent to WCP Solutions use of non-business consumer credit reports on the undersigned individual(s) to evaluate the extension of business credit

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

## Personal Guaranty

In Consideration of WCP Solutions (hereinafter referred to as "WCP") granting credit to \_\_\_\_\_ (hereinafter referred to as "Company"), the undersigned personally and unconditionally guarantees to WCP and any of its affiliates the payment of any obligation of the Company and its successors and assigns including any new entity formed. This obligation includes any and all of the Company's liabilities, obligations, debts and indebtedness to WCP, now owing or hereinafter incurred or created including all costs, fees and expenses, including but not limited to all legal, collection and other professional expenses. Venue and jurisdiction of any legal action will be either in the county (or borough) and state of the Creditor's branch office or King County, Washington, at the sole option of WCP.

The undersigned:

- Understands this is a continuing and irrevocable guaranty and is binding on the Guarantor and Guarantor's heirs, successors and assigns so long as any indebtedness remains unpaid.
- Understands the guaranty shall continue until the undersigned has notified WCP in writing of its cancellation, but such cancellation shall not alter any obligation of the undersigned arising hereunder prior to receipt of such written notice.
- Consents to hereby waive notice of default, nonpayment and notice thereof.
- Agrees that a facsimile shall be as binding as an original signature.
- Acknowledges and represents that any title(s) written near the signature below is/are intended merely to clarify the individual's position with the company and in no way is/are intended to limit or cancel the personal nature of this guaranty.

The undersigned personal guarantor, recognizing that his/her individual credit history may be a necessary factor in the evaluation of this personal guaranty, hereby consents to and authorizes the use of consumer credit reports on the undersigned by the above named business credit grantor from time to time as may be needed in the credit evaluation process.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_

Print or Type Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_