



P.O. BOX 2069 • BELLINGHAM, WA 98227 • USA PHONE: (360) 647-0801 • FAX: (800) 225-0021

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CREDIT APPLICATION

GENERAL INFORMATION (Please Type or Print)

Corporation  Partnership  Sole Proprietorship  Other \_\_\_\_\_

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Company Website: \_\_\_\_\_

Phone #1: ( ) \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner/President: \_\_\_\_\_ SSN: \_\_\_\_\_

Buyer: \_\_\_\_\_ Credit Amount Requested: \_\_\_\_\_

Estimated Annual Volume: \_\_\_\_\_

Year Started: \_\_\_\_\_

Tax Resale #: \_\_\_\_\_

EIN Number: \_\_\_\_\_

**BILL TO ADDRESS**

Street/P.O.Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accts. Payable Contact: \_\_\_\_\_

**SHIP TO ADDRESS**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	Yes	No
This company is publicly traded:	<input type="checkbox"/>	<input type="checkbox"/>
This company is government funded:	<input type="checkbox"/>	<input type="checkbox"/>
This company is a private school or university:	<input type="checkbox"/>	<input type="checkbox"/>
This is a publically funded hospital	<input type="checkbox"/>	<input type="checkbox"/>
This is a privately owned hospital:	<input type="checkbox"/>	<input type="checkbox"/>

CHECK BOX IF CREDIT SHEET ATTACHED CONTAINING INFORMATION BELOW

**BANK REFERENCE**

Name of Bank: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Street: \_\_\_\_\_ FAX: (    ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Checking: \_\_\_\_\_ Savings: \_\_\_\_\_ Loan: \_\_\_\_\_  
Acct #: \_\_\_\_\_ Acct #: \_\_\_\_\_ Acct #: \_\_\_\_\_

**TRADE REFERENCES**

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Email : \_\_\_\_\_  
Street: \_\_\_\_\_ FAX : (    ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Email : \_\_\_\_\_  
Street: \_\_\_\_\_ FAX : (    ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Email : \_\_\_\_\_  
Street: \_\_\_\_\_ FAX : (    ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

**PLEASE NOTE:**

Grizzly's terms of credit are NET 30. An account shall be considered past due after 30 days from the date of invoice. A service fee of 1.5% per month shall be charged on all past due accounts.

In the event that a past due amount is referred to an agency or attorney for collection, the undersigned will pay all costs of collection, including reasonable check handling, collection and attorneys' fees.

The above references may accept copies of this application as authorization to release credit or financial information on our account. This information is held in the strictest confidence and is only used to determine credit.

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

(Print name) \_\_\_\_\_ Position \_\_\_\_\_