

CUSTOMER CREDIT APPLICATION

Complete all sections and return by email to info@concessionssupply.com or fax to (509) 535-0715

1 BUSINESS INFORMATION

Legal Business Name

DBA / Trade Name

Business Address (Street)

City

State

ZIP

Mailing Address (if different)

City

State

ZIP

Phone

Fax

Email

Website

Date Business Established

Federal Tax ID (EIN)

Business Type:

 Sole Proprietor Partnership Corporation LLC Non-Profit Government/School

2 OWNER / PRINCIPAL INFORMATION

Owner / Principal Name

Title

Ownership %

Date of Birth

Home Address (Street)

City

State

ZIP

Home Phone

Social Security Number (for personal guarantee)

Driver's License #

State Issued

Email

If more than one principal, attach additional sheet with the same information.

3 BANK REFERENCES

Bank Name

Branch / City

Phone

Checking Account #

Savings Account #

Contact Name

4 TRADE REFERENCES (Minimum 3 Required)

Reference 1

Company Name

Contact Name

Phone

Address / City / State

Account # (optional)

Avg. Monthly Purchase \$

Reference 2

Company Name _____ Contact Name _____ Phone _____
Address / City / State _____ Account # (optional) _____ Avg. Monthly Purchase \$ _____

Reference 3

Company Name _____ Contact Name _____ Phone _____
Address / City / State _____ Account # (optional) _____ Avg. Monthly Purchase \$ _____

5 CREDIT REQUEST

Credit Limit Requested \$ _____ Primary Products Needed _____ Estimated Monthly Purchase Volume \$ _____

How did you hear about us?

- Referral Internet Search Trade Show Existing Customer Other

6 TERMS & AUTHORIZED SIGNATURE

By signing below, applicant certifies that all information provided is true and accurate. Applicant authorizes Concessions Supply to investigate credit history, contact references, and obtain credit bureau reports as necessary. Applicant agrees to pay all invoices per the terms established upon account approval. Accounts past due may be assessed a finance charge of 1.5% per month (18% APR). Concessions Supply reserves the right to modify or revoke credit at any time. Returned checks are subject to a \$35.00 service fee. In the event of default, applicant agrees to pay all costs of collection including reasonable attorney fees. This agreement shall be governed by the laws of the State of Washington.

Authorized Signature _____ Printed Name _____ Title _____

Date _____

Return completed application to:
Email: info@concessionssupply.com
Fax: (509) 535-0715
Mail: 1727 E. Springfield Ave., Spokane, WA 99202

Questions? Contact us:
Toll-Free: (800) 223-4190
Office: (509) 535-0644
Hours: Mon–Fri 8:00am–4:30pm PT