

# Washington Shoe Company

21001 72<sup>nd</sup> Ave South

Kent, WA 98032

PHONE: (253) 234-3000 FAX: (253) 234-3001

## APPLICATION FOR COMMERCIAL CREDIT

I, (we) submit the following information in applying for an open account:

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

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable email address \_\_\_\_\_

Owners, Officer's, Director's or Partner's Names:

1. \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

2. \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

**NOTE: If corporation is less than three (3) years old, the individual personal guarantee form must be completed by and officer of the applying company.**

**(See back page)**

**Do you require Purchase Orders? \_\_\_\_\_ 3<sup>rd</sup> party freight information \_\_\_\_\_**

**COMPLETE APPLICABLE SECTION:**     Individual     Partnership     Corporation     Subsidiary of: \_\_\_\_\_

Years Incorporated: \_\_\_\_\_ State: \_\_\_\_\_ Years in Business: \_\_\_\_\_

If representations made by the buyer in this credit application are subsequently found incorrect or incomplete, the right is reserved to reject the application and to negate any obligation to proceed with any merchandise. (1) Buyer recognizes Seller's term as Net 30 days and acknowledges and authorizes a service charge of 1 ½ % per month (18% Annual) on any past due amounts. (2) Seller shall have the right to (a) declare the entire amount due and payable if default occurs in making any payment when due (b) In the event of a default customer agrees to pay attorney and or collection agency fees not exceeding 25%. (c) To change the terms of the account from time to time (consistent with applicable law) (d) to limit the amount of credit extended under this account or terminate the account, upon giving written notice thereof; but it may avail itself of the term of his agreement until full payment of the entire balance with Finance Charge to date of payment has been received. (3) In submitting this application for credit, I authorize you to investigate my credit record. (4) All returned checks will be subject to a \$50.00 NSF fee.

**I Certify that the above information is correct and agree to the above shown.**

\_\_\_\_\_  
Signature of Owner/Partner Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature of Other Than Above

\_\_\_\_\_  
Date

~~~~~  
**INDIVIDUAL PERSONAL GUARANTEE**

THE FOLLOWING GUARANTEE MUST BE COMPLETED BY AN OFFICER OF THE CORPORATION – DATE: \_\_\_\_\_ 2 \_\_\_\_\_

I, \_\_\_\_\_ residing at: Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ for and in consideration of your extending credit at my request to (NAME OF

COMPANY): \_\_\_\_\_ Hereinafter referred to as the “Company”, of which I am

(TITLE) \_\_\_\_\_ Hereby personally guarantee to you the payment of any obligation of the

Company and hereby agree to bind myself to pay you on demand of any sum which may become due to you by the Company

Whenever to Company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable and

Indemnity for such indebtedness of the Company, I do hereby waive notice of default, non-payment and notice thereof and consent

to any modification or renewal of the credit agreement hereby guaranteed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Stamp/ Witness

\_\_\_\_\_  
Address

**Trade References:**

**For the timeliest response in regards to your credit application you may attach a list of your current trade references a minimum of three is required. If you have any questions, please call our Credit Department at (253) 234-3000 ext 245.**

**Washington Shoe Company**

21001 72<sup>nd</sup> Avenue South

Kent, WA 98032

Tel: (253) 234-3000 ext 245 Fax: (253) 234-3039

**Bank Credit Reference Form**

Bank Name: \_\_\_\_\_

Checking Acct#: \_\_\_\_\_

Address: \_\_\_\_\_

Savings Acct#: \_\_\_\_\_

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

Contact: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

DEAR BANK OFFICER:

WE ARE AUTHORIZING THE BANK TO RELEASE INFORMATION ABOUT OUR ACCOUNTS OUTSTANDING, CREDIT LINE AND PAYMENT HISTORY TO WASHINGTON SHOE COMPANY, TO BE USED EXPLICITLY FOR THE ESTABLISHMENT OF AN OPEN ACCOUNT AND CREDIT LINE. THIS INFORMATION IS TO BE KEPT IN THE STRICTEST OF CONFIDENCE.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

THE ABOVE CUSTOMER IS APPLYING FOR A CREDIT LINE WITH US AND HAS GIVEN YOUR BANK AS A REFERENCE. KINDLY PROVIDE US WITH THE FOLLOWING INFORMATION AND SEND THIS FORM BACK TO US AT FAX NO. (253) 234-3039 C/O THE CREDIT DEPARTMENT. FOR ANY QUESTIONS PLEASE CALL US AT (253) 234-3000 ext 245