

Rainier Lighting & Electric Supply, Inc.

P.O. Box 98892 ~ Lakewood, WA 98498

12511 Pacific Highway SW ~ Lakewood, WA 98499

Phone 253-581-8180 Toll Free 1-800-782-2922 ~ Fax 253-581-8198

CREDIT APPLICATION

Company Name _____

Billing Add. _____ City/St/Zip _____

Shipping Add. _____ City/St/Zip _____

Phone #(s) _____ Fax #(s) _____

Yrs. in Business _____ Number of Employees _____ Annual Sales Volume _____

Type of business: Corporation € Partnership € Individual € LLC €

For tax purposes, your business will buy supplies for:

- Wholesale Use. Resale # _____ . Please include a resale certificate.
- Retail Use
- Government Use
- Deliveries to an Indian Reservation

Principals of business:

Name & Title

Home address

City/St/Zip

Desired credit amount \$ _____

Do you require authorized purchase names? YES NO

Name(s) of Authorized Purchaser(s) – (up to 6): 1. _____ 2. _____

3. _____ 4. _____ 5. _____ 6. _____

Do you require purchase orders? YES NO

Do you use blanket PO numbers? YES NO

Do you require authorized names for picking up materials? YES NO

Name(s) of persons authorized to pickup material – (up to 6): 1. _____ 2. _____

3. _____ 4. _____ 5. _____ 6. _____

Accts. Payable Contact Name _____ **Phone # (if different)** _____

Accts. Payable Email Address _____

******Please Note: Invoices and/or monthly statements will be faxed directly to your company.**

If you do not wish to have this service please check here, indicating you need them mailed.

WOULD YOU RATHER HAVE YOUR INVOICES AND/OR STATEMENTS EMAILED? YES NO
If so, please indicate the email address, if different than above _____

Does your company require a monthly statement? YES NO

Bank Name & Branch _____ **Contact person** _____

Bank address, city/st/zip _____ **Phone #** _____

Length of time account at this bank: _____

Trade References (minimum of four (4) required)

Trade name	Address	Phone #	Fax #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Are there or have there been any judgments, bankruptcy, garnishments or other legal proceedings against you?

NO _____ YES _____ if YES, please give particulars _____

Terms and conditions: NET 30 DAYS. A 1.5% (service) charge (18% per annum annual rate) will be charged and deemed earned on the unpaid principal balance of the account. In the event that Rainier Lighting & Electric Supply, Inc. retains legal counsel to assist it in collecting a delinquent account, the undersigned promises and agrees to pay all reasonable legal and/or collection costs, and attorney fees actually incurred by Rainier Lighting & Electric Supply, Inc.

I/We hereby authorize any institution to release credit information concerning myself/ourselves to Rainier Lighting & Electric Supply, Inc. and to disclose factual information regarding record of payment.

I/We hereby agree to all terms and conditions set forth by Rainier Lighting & Electric Supply, Inc. credit account application/agreement.



Authorized Signature _____ **SSN#** _____

Print Name _____ Date _____