

# metallic arts

914 N. Lake  
Spokane, WA 99212  
Ph. 1-800-541-3200  
Ph. (509) 489-7173  
Fax (509) 483-1759

WE HEREBY APPLY FOR THE EXTENSION OF CREDIT BY YOUR FIRM. THE FOLLOWING INFORMATION IS SUBMITTED AS A BASIS FOR YOUR CONSIDERATION OF OUR APPLICATION. (PLEASE TYPE OR PRINT LEGIBLY.)

FIRM NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ESTABLISHED IN 19 \_\_\_\_\_

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LTD. PARTNERSHIP \_\_\_\_\_ SOLE PROP. \_\_\_\_\_

**PRINCIPAL OWNERS OR STOCKHOLDERS**  
**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**TITLE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WE EXPECT OUR MONTHLY CREDIT REQUIREMENTS TO BE ABOUT \$ \_\_\_\_\_

### CREDIT REFERENCES

NAME \_\_\_\_\_ CITY \_\_\_\_\_ FAX \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BANK

\_\_\_\_\_

WE UNDERSTAND YOUR TERMS ARE "NET 30 DAYS FROM THE DATE OF INVOICE". WE AGREE TO PAY WITHIN TERMS AND IF WE DO NOT, A SERVICE CHARGE OF 1 ½ % PER MONTH ON THE UNPAID BALANCE WILL BE ASSESSED AGAINST OUR ACCOUNT WHICH WE ARE THEN LIABLE FOR AND AGREE TO PAY. IF WE DO NOT PAY WITHIN TERMS, AND DO NOT PAY THE SERVICE CHARGES, WE REALIZE OUR ACCOUNT WILL BE PLACED ON CREDIT HOLD UNTIL PAYMENT IS RECEIVED IN FULL BY YOUR COMPANY AND BE LIABLE FOR ALL NECESSARY COLLECTION COSTS INCLUDING ATTORNEYS FEES.

WE HEREBY AGREE TO THESE TERMS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_