



Innovation | Quality | People

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REFERRED BY:

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Company \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_

**FOR INTERNAL USE ONLY** Customer ID: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Sales Rep: \_\_\_\_\_ CSR: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Terms Approved: \_\_\_\_\_ Limit: \_\_\_\_\_  
Signature of Approver: \_\_\_\_\_

**CUSTOMER ACCOUNT SETUP FORM**

Legal Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Company Phone ( ) \_\_\_\_\_ FaX ( ) \_\_\_\_\_ Website \_\_\_\_\_  
Accts Payable Contact \_\_\_\_\_ AP Contact Phone # ( ) \_\_\_\_\_  
AP Contact Email \_\_\_\_\_  
Email Address to Send Invoices to \_\_\_\_\_  
PO's Required  Yes  No Will you be providing us with tax exemption documentation  Yes  No Reason \_\_\_\_\_  
Years in Business \_\_\_\_\_ Years at Present Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
Type of Business  Individual  Sole Proprietorship  Partnership  Corporation  LLC  Other \_\_\_\_\_  
Tax ID # \_\_\_\_\_ UBI # \_\_\_\_\_

Only complete below, if applying for credit terms

Amount of Credit Limit Requested \$ \_\_\_\_\_ Terms Requested \_\_\_\_\_

**CORPORATE OFFICERS, PARTNERS, OWNER(S):**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Email \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Email \_\_\_\_\_

**BUSINESS TRADE REFERENCES**

Please list at least 3 vendors with whom you have established credit. Major interstate vendors (i.e. FedEx, Office Depot, Verizon, etc.) will not be accepted as they don't do references.

1. Vendor Name \_\_\_\_\_ Contact \_\_\_\_\_ Terms \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_  
Email \_\_\_\_\_  
2. Vendor Name \_\_\_\_\_ Contact \_\_\_\_\_ Terms \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_  
Email \_\_\_\_\_  
3. Vendor Name \_\_\_\_\_ Contact \_\_\_\_\_ Terms \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_  
Email \_\_\_\_\_

**BANKING INFORMATION**

Name \_\_\_\_\_ Contact \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Acct Type \_\_\_\_\_ Acct # \_\_\_\_\_

**PAYMENT TERMS**

A late charge of 1.5% per month - \$10 minimum (18% per annum) will be charged on all delinquent balances. Applicant further agrees to pay all collection costs, including but not limited to attorney fees and court costs in the case it is necessary to take legal action to collect past due account balances. We certify that all the information on this application is correct and that I/we fully understand your credit terms and agree to proper payment in consideration of credit extended. Please note postage invoices paid by credit card will incur a 3% service fee. If paying via American Express, there will be a 4% service fee added to the amount charged without exception. Until credit is approved, terms will be set to a "Prepay" status.

X \_\_\_\_\_  
Signature Title Date