



9914 32nd Avenue South Tacoma, WA 98499 Phone: (253) 284-2300, Fax: (253) 581-6840 Email: ar@printnw.net

Customer Account Setup Form

Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

City: _____ State _____ Zip _____ Web Site: _____

Email Address: _____ (Email Address is required- this is where invoices will be sent.)

Accts Payable Contact: _____ AP Contact Phone #: _____

Do you Require PO #'s: Yes No

Would you like us to securely store your credit card and automatically charge invoices upon shipment? Yes (We will contact you to obtain credit card info).

Please note that invoices paid by credit card after the time of shipment will incur a 3% service charge. If we store your card and charge it immediately after shipment this service fee is waived.

Doing Business as:

Sole Owner

Partnership

Corporation

Other

Customer ID: _____

How Long in Business: _____ How Long at Present Address: _____ Type of Business: _____

Names & Title(s) of Corporate Officers, Partners, Owner

Name

Title

Phone Number

1. _____

2. _____

Tax Information - Check below for tax exemptions that should apply to your account. Please submit required paperwork with this form.

Sales Tax Exemption (WA State Reseller Permit required) Other Tax Exemption (WA State approved form required, please contact us if any questions)

Trade References – Please list three vendors with whom you have established credit. If using major interstate vendors (i.e. FedEx, Office Depot, etc.) the account number is required.

Vendor Name

Contact

City, State

Acct#

Phone #

Fax #

Email

1. _____

2. _____

3. _____

Bank Information

Name/Branch

Contact

City, State

Acct #

Type of Acct

1. _____

2. _____

PAYMENT TERMS

A late charge of 1.5% per month - \$10 minimum (18% per annum) will be charged on delinquent balances. Applicant further agrees to pay all collection costs, including attorney fees and court costs in case it is necessary to take legal action to collect past due accounts. I/We certify that all the information on this application is correct and that I/we fully understand your credit terms and agree to the proper payment in consideration of credit extended.

X _____

Signature

Title

Date

For Internal Use Only:

Date Received: _____ Sales Person: _____ Estimated Monthly Revenue: \$ _____ First Order: \$ _____

Date Approved: _____ Credit Limit: \$ _____ Terms: _____ Accounting Signature: _____