



805 80TH ST SW, EVERETT, WA 98203- PHONE (425) 337-2700 - FAX (425) 514-5913
EMAIL: credit@pacifictopsoils.com

COMMERCIAL APPLICATION FOR LINE OF CREDIT

BUSINESS NAME: PHONE: FAX:
DBA: MOBILE#:
OWNER'S NAME: HOME PHONE:
BUSINESS' PHYSICAL ADDRESS:
CITY / STATE / ZIP CODE:
BUSINESS' MAILING ADDRESS (IF DIFFERENT):
RESELLER NUMBER (UBI NO): ADD TAX? YES NO
NAME OF PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE:
ACCOUNTS PAYABLE PHONE: EMAIL:

RESALE CERTIFICATE MUST ACCOMPANY APPLICATION FOR TAX EXEMPT STATUS. TAX WILL BE CHARGED WITHOUT IT.

CONTRACTOR LICENSE #: BONDING CO: EXPIRATION DATE:

YOU ARE A: CORP (); LLC (); PARTNERSHIP (); SOLE OWNER (). DO YOU REQUIRE PO #'S OR JOB NAMES TO PAY?

LIST NAME/S AND ADDRESS' OF CORPORATE OFFICERS, MEMBERS, PARTNERS, OR OWNER:

NAME: HOME ADDRESS:

SOCIAL SECURITY#: HOME PHONE:

MORTGAGE CO. ADDRESS & PHONE:

NAME: HOME ADDRESS:

SOCIAL SECURITY #: HOME PHONE:

MORTGAGE CO. ADDRESS & PHONE #:

WHAT TYPE OF WORK DO YOU DO? ? HOW LONG HAVE YOU BEEN IN BUSINESS?

HOW LONG AT YOUR PRESENT LOCATION? YOUR PTI ACCOUNT WILL BE USED TO PURCHASE?

SOIL PRODUCTS AGGREGATE PRODUCTS OTHER LANDSCAPING SUPPLIES DUMPING MATERIALS

YOUR ANTICIPATED CREDIT NEEDS PER MONTH ARE: \$; PER YEAR: \$

GUARANTY of PAYMENT

I/WE hereby agree to the terms and conditions here offered and so do assume personal liability for payment of said applicant's account. It is understood that credit may not be extended to said applicant without this personal guaranty, and if accepted, it will remain in effect until rescinded in writing via certified mail.

YOUR PERSONAL NAME: Print Full Name Your Home Phone

YOUR HOME ADDRESS; CITY / STATE / ZIP:

SIGNATURE DATE

YOUR PERSONAL NAME: Print Full Name Your Home Phone

YOUR HOME ADDRESS; CITY / STATE / ZIP:

SIGNATURE DATE

PLEASE READ & COMPLETE OTHER SIDE.

CREDIT POLICY AND TERMS OF SALE

PURCHASES: Terms are 2% 10th, net 11th. Accounts are due and payable on or before the 10th of the month following date of purchase. All shipments will be held if an account is not paid by the 25th of the month following invoice, unless prior arrangements have been made. Unauthorized deductions from the statement balances are considered unpaid balances and will create a past due situation. *IN THE EVENT OF A DISPUTED INVOICE, THE COMPANY MUST ADVISE PACIFIC TOPSOILS, INC., WITHIN 10 DAYS OF THE INVOICE DATE IN WRITING SPECIFYING THE INVOICE NUMBER, THE NATURE OF DISPUTE, AND THE AMOUNT.*

PAST DUE ACCOUNTS: All accounts not paid by the due date will be assessed a late charge of 1.5% per month on all past due balances. Past due accounts may be subject to suspension of charge privileges until past due balances are paid.

DELIVERY CONDITIONS: The purchaser agrees to provide suitable roadways or approaches to points of delivery. In the event the Purchaser orders delivery beyond the curb line, Purchaser will hold Seller harmless against all liability thereof for damage to sidewalks, driveways and against any other damage resulting therefrom on the premises and not caused by act of negligence of Seller’s employees. Any damage resulting from the Seller’s employees MUST be reported within (3) working days to the Seller’s Salesman and/or the Seller’s Credit Manager.

BID QUOTATIONS: Special pricing and/or delivery terms are valid for 90 days from date of the quotation. Price changes may be made at any time. Special pricing, terms and conditions of the Bid Quotation are based upon account terms being maintained in a current status. *If account becomes 31 days past due, pricing terms and conditions revert to regular Commercial Price List and all pending Bid Quotations become null and void until past due balances are brought current.*

RETURNED CHECKS: Any check returned by Buyer’s bank for any reason, will be charged a service fee of up to \$60.00.

INSURANCE AND BOND: If Buyer is required to be registered pursuant to RCW 18.27, or RCW 19.28, Buyer hereby agrees to maintain in full force and effect the bond and insurance therein required and, in the event said bond or insurance is impaired or cancelled, to *immediately* notify seller.

SUPPLIER REFERENCES (List a minimum of 5 – Provide the fax# or your app will be returned)

NAME	FAX:	PHONE:
NAME	FAX:	PHONE:
NAME	FAX:	PHONE:
NAME	FAX:	PHONE:
NAME	FAX:	PHONE:
NAME	FAX:	PHONE:
NAME	FAX:	PHONE:

Have you or any other owner/officer declared personal or business bankruptcy in the last seven years? No _____/ Yes _____
If yes, in what year: _____, in what state: _____, and under what name: _____

I/we understand, agree, and promise to pay my (our) account in full according to the above Credit Policy and Terms of Sale ***irrespective of whether I/we may have previously been paid by a third party for such labor, materials or equipment.*** If, however, this account is not paid as agreed, I (we) agree to pay, in addition to the foregoing, reasonable collection and/or attorney fees whenever the Seller engages an attorney or a collection agency to aid in collection of a past due account. I (We) consent to jurisdiction in and the venue of Snohomish County Superior Court or Snohomish County District Court for the State of Washington.

I (we) authorize you to obtain such information as you may require, including personal credit reports on corporate officers as you may deem necessary, concerning this application. I/we certify that all information furnished by _____
_____ (your company name), is true and accurate.

_____ Signature of Applicant (Officer / Owner)	_____ Date
_____ Signature of Applicant (Officer / Owner)	_____ Date

Signature of Applicant (Officer / Owner)

Date

IF FAXING OR EMAILING APPLICATION - ORIGINAL APPLICATION SHOULD FOLLOW IN MAIL WITHIN 5 DAYS
ALL PRICES SUBJECT TO CHANGE WITHOUT NOTICE