

## Six Robblees' Inc.

11010 Tukwila Intl. Blvd. Seattle, WA 98168 Phone (206) 767-7970 Fax (844) 384-9160 Email: accounting@sixrobblees.com

Preferred Location	
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## **Credit Application**

Business Name:			Phone:		Fax:		
Billing Address:			City:	State:	Zip:		
Shipping Address:			City:	State:			
	Type of Business:	☐ Proprietorship	□ Partnership		☐ Corporation		
Date Business Established		Division or Subsidiary of:		Incor	State of poration:		
		Accounts	Payable Supervisor				
Owners Or Office	rs:						
Name	Social Sec	curity #	Home Address		Home Phone		
Name	Social Sec	nurity #	Home Address		Home Phone		
Name	Suciai Sec	curry #	nome Address		Exp.		
☐ Purchase Ord	ders Required?	Blanket PO #:			Date:		
☐ Sales Tax Exe	empt?	Reseller Permit #:					
				(Attach Reseller F	Permit, if applicable)		
☐ Email Invoice	es/Statements?	A/P Emai	Address:				
☐ Fax Invoices/	Statements?	A	/P Fax #:				
☐ Email Sales/S	pecials?	Sales Info Emai	Address:				
Please Read	l Carefully R	efore Sianin					
1. All invoices are due	for payment by the 10th of	f the month, following the	e month in which the purchas	se was made.			
<ol><li>Past due accounts r</li></ol>	grees to pay a late charge of may be placed on a cash b	asis at our option.	·				
4. We agree that the v	enue for any action upon t	his contract may be a co	comply with the terms and ourt designated by SIX ROBE	BLEES', INC.	·		
the amount charged	d on said collection by such	collection agency, not e	exceeding 35% of amount un		ree to pay an amount equal to ether with such reasonable		
The undersigned war			the collection.  e. The undersigned autho	rizes Six Robble	es' Inc. to		
verify any and all info		THE ABOVE TERMS A	ND CONDITIONS OF SALE	<u>.</u>			
Signature			Title		Date		
			sonal Guaranty				
I/WE	;,						
residing at,	,		_	for and in conside	eration of SIX ROBBLEES', INC.		
(the "Company") extending personally guarantee to the		any obligation of the De	btor and I/We hereby agree	to bind myself/ou	(the "Debtor"), hereby		
Company on demand any s	sum which may become do	ue the Company by the [	Debtor whenever the Debtor and indemnity for such indeb	shall fail to pay th	ne same. It is		
			and indefinity for such indeb nodification or renewal of the				
	Signature (As an Individu	ual)	Date				
	Print Name of Signature						



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## **Business Credit References:**

Bank Name:	Branch:			Account No:	
		Contact:			Phone:
1) Name:				Account No:	
Address:					
			Email:		
•		•			
2) Name:				Account No:	
Address:					
3) Name:				Account No:	
Address:					
City/State/Zip:			Email:		
Phone:		Fax:			
4) Name:				Account No:	
Address:					
City/State/Zip:			Email:		
Phone:		Fax:			
5) Name:				Account No:	
Address:					
City/State/Zip:			Email:		
Phone:		Fax:			