

1600 5<sup>th</sup> St. Eureka, CA 95501

Tel: (707) 443-6328 Fax: (707) 443-1002

## APPLICATION & AGREEMENT FOR OPEN COMMERCIAL ACCOUNT

Fax to 707-443-1002 or e-mail to ap@pacificoutfitters.com

Business Contact Information				
Title:				
Company name:				
Phone:	Fax:	E-mail:		
Registered company address:				
City:		State:	ZIP Code:	
Date business commenced:				
Sole proprietorship:	Partnership:	Corporation:	Other:	
Business and Credit Information				
Primary business address:				
City:		State:	ZIP Code:	
How long at current address?				
Telephone:	Fax:	E-mail:		
Credit limit requested:		Has this company ever filed for bankruptcy?		
Tax exempt? Yes No	If yes please pr	rovide documentation.		
If approved, please provide a list of authorized signers. Attach additional sheet if necessary.				
Name:		Title:		
Business/trade references				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				

Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
Agreement				
1. All invoices are to be paid 30 days from the invoice date. Late payments are subject to a 2% per month interest charge.				
2. Claims arising from invoices must be made within ten working days from receipt.				
3. By submitting this application, you authorize Pacific Outfitters to make inquiries into the business/trade references that you have supplied.				
4. If approved remit payments to: Pacific Outfitters				
1600 5 <sup>th</sup> Street				
Eureka, CA 95501				
Signatures				
Title & date:		Title & Date:		

OFFICE USE ONLY			
Credit Limit Approved:	Customer #		
Date Approved:	Approved By:		
SIGNATURE			