

Avidex

Corporate Office - Credit Department

13555 Bel-Red Road, STE 226

Bellevue, WA 98005

425.643.0330 ph

425.636.0967 fax

Credit Application

Confidential

Corporations

Date of application _____

Bill To Address

Corporate Name _____

Street Address _____

City/State/Zip Code _____

Phone Number _____

FAX _____

Annual Sales _____

Years in Business _____ Number of Employees _____

Dunn & Bradstreet Number _____ Credit Limit Requested _____

(If purchases and /or rentals are for resale, please provide the following)

State RESALE Number _____ State _____

NOTE a separate, signed original RESALE CERTIFICATE will be required.

(Fill out below information for a corporation)

Corporation

CORPORATE INFORMATION

Registered Corporate NAME _____

Mailing Address _____

City/State/Zip Code _____

State Incorporated _____

Date Incorporated _____

Officer's Name _____

Title _____

Officer's Name _____

Title _____

Purchase Order Required Yes No

Authorized Buyer(s) _____ Accounts Payable Contact _____

Phone _____

BANK REFERENCE

Bank _____
Branch _____
Account # _____
Address _____

City/State/Zip _____
Contact _____
Phone _____
FAX _____

TRADE REFERENCES

Ref #1 Company Name _____
Contact _____
Address _____
City/State/Zip _____
Phone Number _____
FAX _____

Ref #2 Company Name _____
Contact _____
Address _____
City/State/Zip _____
Phone Number _____
FAX _____

Ref #3 Company Name _____
Contact _____
Address _____
City/State/Zip _____
Phone Number _____
FAX _____

Authorization to release credit information:

I am authorized to release to Avidex Industries LLC any information relating directly to the credit history of this application and I verify that the information provided is true and accurate. I understand this information will be used by Avidex Industries LLC to process my credit application.

Signature _____
Name _____

Dated _____
Title _____

Please print

I hereby certify that the information contained within this credit application is complete, true, and correct. I agree to abide by the TERMS OF SALE and to pay all invoices within the specified terms, and if in default, to pay the allowable monthly interest rate, all fees associated with NSF checks, and to pay ON DEMAND all reasonable costs and collections, including, but not limited to, attorney's fees and court costs.

Authorized Signature _____

Dated _____

Company Name _____

