



Credit Application

Please Complete and Fax to: 509-575-5330

Company Information

Company Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Type of Entity

Describe Business Activity: _____
 Partnership Corporation Sole Proprietorship Other: _____
 Federal ID # or Social Security # _____
 ICC/MC# _____ US DOT# _____ Years in Business? _____
 Principal Owner or Shareholder: _____
 Company Bank: _____ Contact: _____

Credit References (must have 4 & include all information)

1) Name:	Ph.	Fax
Address:		Contact:
2) Name:	Ph.	Fax
Address:		Contact:
3) Name:	Ph.	Fax
Address:		Contact:
4) Name:	Ph.	Fax
Address:		Contact:

Billing Information

Are Purchase Orders Required? Y/N _____
 Limitation of Comments: _____
 Special Instructions: _____

Authorized Signature: _____

(Below for internal use only)

Approved By: _____ Credit Limit: \$ _____ Date: _____


 509-575-8888
 2003 E. Viola Ave.
 Yakima, WA. 98901


 509-665-8383
 1231 S. Wenatchee Ave.
 Wenatchee, WA. 98801


 509-962-8881
 1331 W. University Way
 Ellensburg, WA. 98926