



**Name / Address**      **\*\*PLEASE NOTE\*\* CREDIT APP MUST BE COMPLETED IN FULL (NOT SIGNED W/ATTACHMENTS) OR IT WILL BE REJECTED**

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. #
Address:		Phone:	
City:	State:	Zip:	Fax:

**Company Information**

**Email:**

<i>Type of Business:</i>		<i>In Business Since:</i>	
<i>Legal Form Under Which Business Operates: (Circle One)</i>			
<i>Corporation</i>	<i>Partnership</i>	<i>Proprietorship</i>	<i>LLC</i>
<i>If Division/Subsidiary, Name of Parent Company:</i>		<i>In Business Since:</i>	
<i>Name of Company Principal Responsible for Business Transactions:</i>		<i>Title:</i>	
<i>Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:      Phone:</i>
<i>Name of Company Principal Responsible for Business Transactions:</i>		<i>Title:</i>	
<i>Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:      Phone:</i>

**Bank References**

<i>Institution Name:</i>	<i>Institution Name:</i>	<i>Institution Name:</i>
<i>Checking Account:</i>	<i>Checking Account:</i>	<i>Checking Account:</i>
<i>Address:</i>	<i>Address:</i>	<i>Address:</i>
<i>Phone:</i>	<i>Phone:</i>	<i>Phone:</i>

**Trade References**

<i>Company Name:</i>	<i>Company Name:</i>	<i>Company Name:</i>
<i>Contact Name:</i>	<i>Contact Name:</i>	<i>Contact Name:</i>
<i>Address:</i>	<i>Address:</i>	<i>Address:</i>
<i>Phone:      Fax:</i>	<i>Phone:      Fax:</i>	<i>Phone:      Fax:</i>
<i>Acct. Opened Since:</i>	<i>Acct. Opened Since:</i>	<i>Acct. Opened Since:</i>
<i>Credit Limit:</i>	<i>Credit Limit:</i>	<i>Credit Limit:</i>
<i>Current Balance:</i>	<i>Current Balance:</i>	<i>Current Balance:</i>

**Acknowledgement of Terms & Certifications**

Invoices are due by the 10th of the month following the month of purchase and are considered late by the end of the month and will be subject to interest penalties. **NO EXCEPTIONS!!** By Initialing here \_\_\_\_\_ you understand and agree to abide by these terms. (If not initialed, no credit will be extended) I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Be advised that if the balances not paid within 90 days of the original invoice, Anderson Rock will proceed with collections and with intent to lien.

\* **Print Name and Title**

\* **Signature, personally guaranteed by.**

**Date**

41 Rocky Top Road • Yakima, WA 98908

Bus. 509-965-3621 • Fax 509-965-8656

E-mail: andersonrock1@live.com • www.andersonrock.com

**\*= MANDATORY**