



**INDUSTRIAL CUTTING TOOLS
SYSTEMS, SALES, SERVICE
AND CONSULTING**

www.westcoastsaws.com

WEST COAST SAWS

(253) 272-3000
Fax (253) 383-4178
1(800) 356-7297

Credit Application

Customer Information:

Date of Contact: _____

Company Name: _____

Telephone: _____

Fax: _____

Billing Address: _____

City/State/Zip: _____

Legal Status of Business: _____ Date Business Started: _____

Federal Tax ID Number: _____ State Tax Number: _____

Resale or Manufacturers Certificate #: _____

Principal/Owner Name: _____

Address: _____ Telephone: _____

Social Security Number: _____

Principal/Owner Name: _____

Address: _____ **Telephone:** _____

Social Security Number: _____

Credit Limit Requested: _____

Resale Certificate attached Yes No **Manufacturer certificate attached Yes No**

Company Contact Information:

Contact Person & Title

Purchasing Agent

Telephone

Telephone

Email Address

Email Address

Fax

Fax

Bank Reference:

Bank Name:

Address:

Contact Person:

Telephone:

Credit References:

Name

Name

Address

Address

Contact Person

Contact Person

Telephone

Telephone

Fax

Fax

Shipping/Billing Information:

Include all ship to addresses:

Are purchase orders required? _____

Are packing lists required? _____

Are invoices paid locally or from a corporate office?

If yes, please give the name, address and contact person:

Any Special billing or servicing requests (i.e.: Packaging, Labeling, Routing): _____

Payment Option:

COD _____
Payment will be made on day of delivery

Credit Card _____
I authorize WCS to charge my credit card on day of sale _____
I authorize WCS to charge my account on 1st of each month for previous month _____
I authorize WCS to charge my account 30 days from invoice date _____

I will send payment 30 days after date of invoice _____

Credit Card Payment Information

Customer Name: _____

Credit Card #: _____

Expiration

Date: _____

V. Code: _____

Billing

Zip Code: _____

Address: _____

Credit Agreement

I hereby certify that the above information is true and accurate, to the best of my knowledge; and agree as a condition of the extension of credit to pay all invoices within the terms set forth by West Coast Saws, Incorporated. I hereby authorize our bank and creditors to release any information necessary to assist West Coast Saws, Incorporated in establishing a line of credit. In the event that West Coast Saws, Incorporated had to file suit to collect money due, payers[s] agree that venue of any legal action commenced for the purpose of recovery may be laid in Pierce County [Tacoma], Washington; at the option of West Coast Saws, Incorporated. Payer[s] shall pay attorney's fees, collections costs and collection agency costs equal to a minimum amount of twenty-five percent of the principal amount. If this account is not paid within terms, late fees shall be computed at the rate of 18% per annum on the unpaid balance or at the highest rate of interest allowed by applicable law.

Signature: _____ Title: _____ Date: _____

Office Use Only

Credit Check Attached: _____ Credit Limit Approved: _____

Sales Discount: _____

Approved By:

Date:

Brian D. Wallinger

Remarks:

2725 South Ash St. • Tacoma, Washington 98409