



Incredible Office LLC
 PO Box 904
 Walla Walla, WA 99362
 509.525.7800 FAX 509.529.0320

Company Name _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

Business Phone _____ Business Fax _____ Business E-mail Address _____
 () - () -

Type of Organization (√ all that apply)

- Sole Proprietorship
- Non-Profit
- Home-Based Business
- Corporation (Sub S Limited Liability Professional)
- Partnership (Limited) Other _____

Bank Name _____ City _____ State _____ Zip Code _____

Bank Account Number _____ Checking Savings Loan _____ Bank Telephone Number _____ Bank Officer's Name _____
 () -

AUTHORIZED OFFICER (Must have an ownership interest in the business and be one of the following (check one):

- President/Chairman
- Vice President
- Treasurer
- Owner/Proprietor
- Partner

Name _____ Title _____ Social Security # _____

Home Address _____ City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Home Phone () _____ Business Phone () _____

CREDIT REFERENCES (By signing below, you are authorizing these creditors to release your credit information to us)

Creditor Name _____ Account # _____ Telephone # () _____ Fax # () _____

Address _____ City _____ State _____ Zip Code _____

Creditor Name _____ Account # _____ Telephone # () _____ Fax # () _____

Address _____ City _____ State _____ Zip Code _____

Creditor Name _____ Account # _____ Telephone # () _____ Fax # () _____

Address _____ City _____ State _____ Zip Code _____

Creditor Name _____ Account # _____ Telephone # () _____ Fax # () _____

Address _____ City _____ State _____ Zip Code _____

I agree to keep within **incredibleoffice.com** terms if granted an open account. I understand that payment is due **NET 10TH PROX** and that should my account become delinquent, a charge of 1.5% per month (18% per annum) will be added onto my account balance. Further, I understand that any payments applied to my delinquent balance will be applied first to any outstanding finance charges. I further understand that should any portion of my account become delinquent, my account may, at incredibleoffice.com's discretion, be placed on a C.O.D. basis until payment (including all applicable finance charges) is received in full. If it becomes necessary to institute a legal action or any legal proceeding to enforce the collection of my account, I agree to be responsible for all reasonable attorney fees, together with collection costs or expenses incurred, plus prejudgment interest at the highest legal rate until paid in full. In addition, I agree that venue for any such action shall lie with the District or Superior courts of the County of Walla Walla, State of Washington. If accepted, this credit application becomes a valid, binding contract under Washington State law.

Signature of Authorized Officer Applicant _____ Date ____/____/____

X _____

Printed Name and Title of Authorized Officer Applicant _____

X _____

Commercial Credit Application