



SEATTLE ENVELOPE CO.

CREDIT APPLICATION

Firm Name _____ Years in Business _____

Billing Address _____ City/State _____ Zip _____

Shipping Address _____ City/State _____ Zip _____

Phone _____ Fax _____ Business Type _____

Corp ____ Partnership ____ Proprietorship ____

Taxable ____ Resale ____ (send copy of Reseller Permit) Amount of Credit Requested: \$ _____

A/P Contact _____ Email _____

Officers or Owners Names	Title	Address
_____	_____	_____
_____	_____	_____

Credit References

Name	Phone	Fax or Email	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Name _____ Acct# _____ Phone _____

Address _____ Officer _____

TERMS: NET 30 DAYS 1-1/2% PER MONTH SERVICE CHARGE ON PAST DUE INVOICES

Signature signifies customer agreement to pay collection costs to the extent allowed by law for commercial accounts, including but not limited to collection fees, attorney fees and court costs in the event of a legal suit.

Signature _____ Title _____ Phone _____

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