



Northwest Health and Safety Inc.
 6300 NE St. James Road, Suite 106
 Vancouver, Washington 98663
 866-517-8243 Toll-Free
 360-737-4144 Fax

A NORTHWEST HEALTH AND SAFETY COMPANY

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Please fax completed application to 360-737-4144

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone: Fax: E-mail:

Registered company address:

City: State: ZIP Code:

Date business commenced:

Sole proprietorship: Partnership: Corporation: Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City: State: ZIP Code:

How long at current address?

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State: ZIP Code:

Type of account Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Northwest Health and Safety Inc to make inquiries into the banking and business/trade references that you have supplied.
4. Finance Charges of up to 5% interest per month will accrue on past due invoices. Should the account be delinquent collection fees, attorney fees and other fees due will be the responsibility of the debtor.

SIGNATURES

Title: Title:

Date: Date: