



4500 7th Ave. S. • P.O. BOX 24904 • Seattle, WA 98124  
Main (206) 622-2622 1-800-552-7374 FAX: (206) 622-2625  
Accounting Fax: (206) 676-6356

# Plymouth

## Application for Commercial Credit

**Business Name:** \_\_\_\_\_

**Business Street Address:** \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Telephone #** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date Established:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Accounts Payable Contact** \_\_\_\_\_

**A/P Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Corporation** (List officers, State of Incorporation, Name and Address of registered agent)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Partnership** (List Name and Home Address of Partners)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Proprietorship** (List name and Home Address of Owner)

\_\_\_\_\_  
\_\_\_\_\_

**Annual Sales:** \$ \_\_\_\_\_

**Federal Tax ID#** \_\_\_\_\_

**State UBI ID#** \_\_\_\_\_

**Non-Profit Organization**  
**Line of Business:** \_\_\_\_\_

**Credit Limit Requested:** \$ \_\_\_\_\_

### Financial Information

**Bank** \_\_\_\_\_ **Branch** \_\_\_\_\_ **Years With Bank** \_\_\_\_\_

**Account No.** \_\_\_\_\_ **Account Officer** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Trade References:** (List Three) 1) \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
2) \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
3) \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

#### TERMS AND CONDITIONS OF CREDIT RELATIONSHIP

By the signature below, Applicant represents that it is seeking credit for business purposes and has the financial ability to pay all debts incurred in the event the credit requested is granted. Applicant authorizes Plymouth Company to investigate the references listed in this application and further authorizes Applicant's bank and any credit reporting agencies to release information regarding the Applicant's credit history. Applicant agrees to update the Application and financial statements upon request.

In the event credit is granted, Applicant agrees to pay all amounts owed to Plymouth Company within (7) days of invoice, unless a different due date is specifically stated on invoices issued. Any amounts not paid by due date shall be subject to a late payment charge of 1.5% per month, or the highest rate allowed by law, if lower. Applicant further agrees to pay all costs of collection, including attorney's fees, incurred by Plymouth Company in connection with any delinquent account. A \$35.00 service charge will be assessed for any check returned by a bank. Applicant hereby submits to the jurisdiction of the State of Washington and agrees that the venue for any action brought pursuant to this agreement shall be in King County, Washington.

As a condition of this application for commercial credit, Applicant agrees to execute the personal guarantee on the reverse side of this application. Applicant understands that failure to complete both sides may result in rejection of the Application. Applicant has read and understands these Terms and Conditions of credit relationship, affirms that the information contained in this application and any financial statements is true and correct to the best of the applicant's knowledge. The signor below certifies that he/she is authorized to enter into binding agreements on behalf of Applicant.

Applicant should retain a copy of this application as it contains the terms and conditions that will govern the rights of the parties should credit be extended. Should this application be denied, the applicant has the right to be informed of the reason for such a denial; however, such request must be made, in writing, within 60 days of notification of denial.

**We may request a financial statement in the future.**

**Print Name:** \_\_\_\_\_

**DOL#:** \_\_\_\_\_  copy attached

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Application prepared by:** \_\_\_\_\_

**Title:** \_\_\_\_\_



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### Application for Commercial Credit

#### Personal Guaranty

Date: \_\_\_\_\_

I, \_\_\_\_\_, for and in consideration of your extending credit  
(Owner/President)  
to \_\_\_\_\_ (hereinafter referred to as the "Company"), of which  
(Name of Company)  
I am \_\_\_\_\_, hereby personally guarantee on behalf of myself and my marital  
(Owner/President)  
community (if applicable) payment of any and all obligations of the Company and I hereby agree to bind myself to pay you on demand any sum that may become due to you by the Company whenever the Company shall fail to pay the same when due. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for all indebtedness of the Company and shall apply to any successor companies that also seek credit from you. I do hereby waive notice of demand for payment, notice of default, and notice of nonpayment and hereby consent to any modification or renewal of the credit agreement hereby guaranteed. I further agree to pay all costs of collection, including reasonable attorneys' fees in the event this guarantee is enforced, and stipulate that jurisdiction and venue for any action to enforce this guarantee is proper in King County, Washington.

Full Legal Name(Printed) \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Signature: \_\_\_\_\_

Home Address of Guarantor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_



# Plymouth

## FINANCIAL HIGHLIGHTS

COMPANY NAME: \_\_\_\_\_

**Statement Dates**

\_\_\_\_\_  
(Current Year)

\_\_\_\_\_  
(Prior Year)

**Balance Sheet**

Current Assets	\$ _____	\$ _____
Accounts Receivable	\$ _____	\$ _____
Intangibles	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____
Current Liabilities	\$ _____	\$ _____
Accounts Payable	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____
Net Worth	\$ _____	\$ _____

**Income Statement**

Gross Income	\$ _____	\$ _____
Operating Income	\$ _____	\$ _____
Income Before Taxes	\$ _____	\$ _____
Taxes	\$ _____	\$ _____
Net Income	\$ _____	\$ _____

**Cash Flow**

Cash from Ops	\$ _____	\$ _____
Cash from Financing	\$ _____	\$ _____
Cash from Investing	\$ _____	\$ _____
Capital Expenditures	\$ _____	\$ _____

Prepared by: \_\_\_\_\_

Prepared Date: \_\_\_\_\_