

Customer Information and
Application for Credit and Agreement to:



Please complete and return to: 110 42ND ST N.W.
AUBURN WA 98001

Phone: (425) 251-9305
Fax : (253) 520-6839

Legal Business Name: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Business Phone: _____ Federal Tax I.D.#: _____ State Tax #: _____

Type of Business: _____ How long in business at this address: _____ yrs.

IF LESS THAN ONE (1) YEAR IN STATE, PLEASE GIVE PREVIOUS ADDRESS: _____

PARTNERSHIP OR PROPRIETORSHIP:

Name	Social Security #	Home Address	Spouse's Name
1. _____	_____	_____	_____
2. _____	_____	_____	_____

CORPORATION:

Title	Home Address	Social Security #
President _____	_____	_____
Vice President _____	_____	_____
Secretary _____	_____	_____
Treasurer _____	_____	_____

PRINCIPAL SUPPLIERS:

Name	Address
1. _____	_____
2. _____	_____

Does Company own real property? If YES, give address _____

Does Individual own real Property? If YES, give address _____

BANK _____ BRANCH _____

AGREEMENT

We herein make application to TABS PLUS INC. for credit and/or to update and reconfirm our existing accounts and balances with TABS PLUS INC. Applicant and/or client agrees to provide TABS PLUS INC. with a current financial statement if requested. If credit is granted, we promise to pay all bills when rendered. In the event payment is not made and this account is referred for collection, we will pay cost of collection equal to a minimum amount of twenty-five percent of the principle amount. Applicant also understands that interest on any unpaid balance will be charged at the highest rate authorized by law. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. It is specifically understood that all billing, accounts receivables and credit functions are processed through headquarters in Auburn King County, WA. Consequently, it is understood that in the event of suit or action, same shall take place in Seattle, King County, WA. Customer understands that they are waiving their right to litigate outside of Seattle, King County, WA. Applicant/s give their permission to TABS PLUS INC. and/or its agents to verify and/or supplement the information stated hereon.

Date _____

BY: * _____
Owner/Corporate Officers/Co-Partner

The undersigned agrees to unconditionally guarantee payment of all sums owed pursuant to this Agreement and further agrees to its terms regarding venue. This is intended to be and is a continuing guarantee and shall not be revoked except by written notice to creditor.

Guarantor (husband)

Guarantor (wife)

Guarantor (husband)

Guarantor (wife)

Authorized Agent of
TABS PLUS INC.

PLEASE CHECK: SIGNED??
QUESTIONS ANSWERED??