



Paadz Products Inc. PO 5496 Everett WA 98206

Commercial Credit Application

(please print clearly)

Company Name : _____ Phone: _____

Billing Address: _____ Fax: _____

City: _____ State ____ Zip _____

Ship Address: _____ Phone: _____

City: _____ State ____ Zip _____

Type of Organization: Sole proprietorship; Partnership; Government entity (Federal, State, or local); Corporation (not tax-exempt); Corporation (tax-exempt) * Attach resale/tax exempt certificate

How long at present address? ____ How long in business? ____ Taxpayer ID(TIN): _____

Description of Business: _____

Purchasing Contact: _____ A/P Contact _____

Credit References

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Bank Information

Name: _____ Phone: _____

Branch: _____ Contact: _____

Principals of Company

Name: _____ Position: _____

Name: _____ Position: _____

I agree to the terms NET 30 Days. I agree to pay a 1 1/2% service charge per month for any invoices that are past due at the end of the month. I agree to pay all fees associated with the collection of past due invoices on this account.

Authorized Signature Title Date