



Relm West
Labels & Packaging

4620 95th St. SW, Suite C, Lakewood, WA 98499
P.O. Box 39540, Lakewood, WA 98496-3540
Ph: (253) 983-1040 • FAX: (253) 983-1044
www.relmwest.com

CREDIT APPLICATION

ALL of the following information MUST be provided. It will be held in the strictest confidence.

I. Company Information

Company Name		Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Govt. Agency <input type="checkbox"/> Non-Profit Org. <input type="checkbox"/>			
Billing Address					
City		State	Zip	UBI (Resale) Number	
Phone Number		Fax Number			
Accounts Payable Contact		A/P Contact's Email Address			
Bank	Branch		Phone	Contact	
Name of Principal (s)					
Address					
City		State	Zip		
Name of Principal (s)					
Address					
City		State	Zip		

II. Trade References

COMPANY NAME	CITY	STATE	FAX NUMBER <small>(correspondence is via fax)</small>	How Many Years?
1)				
2)				
3)				
4)				
5)				

Check here if you prefer cash-sales pending approval of credit

By signing below, I (we) certify that the information contained in this form is correct to the best of my knowledge. I realize that any falsification of the above information could hinder the establishment of credit with Relm West, Inc. I understand that credit terms at Relm West, Inc. are Net 15 Days. Therefore, payment for an invoice must be paid, in full, within 15 days of the invoice date. Furthermore, I recognize that by signing below, the Company I represent is entering into a contractual agreement between the Company and Relm West, Inc. to abide by these credit terms as outlined above. In consideration for any credit, which may be extended pursuant to the terms thereof, the Company agrees to pay reasonable attorney fees and other costs incurred for collection. I also acknowledge that I have received a copy of this document for my reference.

Signature

Official Title

Print Name

Date Signed