



Last Mile Gear
 P.O. Box 887
 1111-11th Ave
 Longview, WA 98632
 Phone: +1 (866) 230-9174
 FAX: + 1 (360) 824-7099

APPLICATION FOR CREDIT

DATE _____

BUSINESS TYPE: Sole Proprietorship Partnership Corporation – State of _____

DUN & BRADSTREET NUMBER	YEARS IN BUSINESS:	FINANCIAL STATEMENT ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>
SALES VOLUME:	OPENING ORDER AMOUNT:	CREDIT LINE REQUESTED:

COMPANY NAME		
ADDRESS		
CITY	STATE	ZIPCODE
TELEPHONE NUMBER	FACSIMILE NUMBER	
ACCOUNTS PAYABLE E-MAIL ADDRESS		

NAME(S) & TITLE(S) OF PRINCIPAL OWNERS

CONTACT INFORMATION

PURCHASING AGENT	TELEPHONE
ACCOUNTS PAYABLE	TELEPHONE

BANK REFERENCE INFORMATION

NAME OF BANK	CONTACT	ACCOUNT #
BANK ADDRESS	CITY/STATE/ZIP	PHONE:
		FAX:

TRADE REFERENCES (FIRMS NOW EXTENDING CREDIT)

NAME OF FIRM	MAILING ADDRESS	CITY/STATE/ZIP	FAX

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Cascade Networks, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility and authorize our bank to release the information requested in conjunction with establishing this credit. I/We further acknowledge and accept the Conditions of Sale as stated on the attached form.

SIGNED/TITLE _____ DATE _____

TO BE COMPLETED BY CREDIT DEPARTMENT:	ACCOUNT NUMBER	TERMS:	CREDIT LIMIT:
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