



CREDIT APPLICATION

2825 Roeder Avenue
PO Box 895
Bellingham WA, 98227-0895
Phone (360) 733-1640
Acctg FAX (360) 671-2587
Traffic FAX (360) 671-1259

Date _____

Firm Name _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

Billing Address _____ Fax _____

____ CORPORATION ____ PARTNERSHIP ____ SOLE OWNER

Shipping Address _____

Name of Parent Company, if applicable _____

Mailing Address _____

As applicable, list names and addresses of Corporate Officers, Partners or Owners:

Name Address Phone

Type of business _____

Credit Line Requested _____ How Long in business _____ How long present location _____

Number Employees _____ Annual Dollar Volume – Sales _____

Is business location Owned _____ Leased _____ Monthly Rental _____

Name of person responsible for Accounts Payable _____ Phone _____ Fax _____

Name of Bank _____ Branch _____

Bank Contact Person _____ Bank Account No. _____

Address _____ Phone _____ Fax _____

Trade References

Address _____ Phone _____ Fax _____

Address _____ Phone _____ Fax _____

Address _____ Phone _____ Fax _____

Address _____ Phone _____ Fax _____

Address _____ Phone _____ Fax _____

Will you furnish a financial statement if requested? Yes ___ No ___ Net Worth _____



WebOPTICS Disclaimer Agreement

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BCS utilizes SSL3 technology, the most used standard in secure Internet packet encryption. The undersigned acknowledges, however, that information exchanged over the Internet may be subject to intrusion or interception by hackers despite all precautions.

Phone

Email address

Password Request

Date

Must be at least 8 characters, case sensitive, include letters and numbers.

Leave blank for BCS to create random password (most secure).

Inbound Notifications: _____
Email Address(es)

Outbound Notifications: _____
Email Address(es)

I hereby certify that the information provided on this application is complete and accurate. I also hereby authorize the institutions listed in this credit application to release necessary information to BCS in order to verify the information contained herein. The above disclaimers have been read and accepted by the undersigned prior to using WebOPTICS. By accepting this disclaimer, the undersigned assumes all risks associated with this technology. All invoices are due on receipt. At the end of each month 1.5% (18% annual) in finance charges will be added for outstanding balances due that are over 30 days old. I fully understand and agree to these terms.

(Print)

X _____
(Signature)