

# Service Communications Inc. CREDIT APPLICATION



10675 WILLOWS RD NE, SUITE 100  
REDMOND, WA 98052  
PH: 425-278-0344 FX: 425-216-0007

LEGAL BUSINESS NAME/dba \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RESALE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ YEAR BUSINESS ESTABLISHED \_\_\_\_\_

PLEASE CHECK ONE: SOLE PROPRIETORSHIP  PARTNERSHIP  INCORPORATED  LLC

FEDERAL TAX ID # \_\_\_\_\_ SSAN# \_\_\_\_\_ (PROPRIETORS/PARTNERS)

## NOTE: IF TAX EXEMPT RESELLER – ATTACH TAX EXEMPT CERTIFICATE

NAMES/TITLES OF PRINCIPALS \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ PHONE/FAX/EMAIL \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCT \_\_\_\_\_

BANK OFFICER CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

CREDIT TERMS/LINE OF CREDIT REQUESTED: \_\_\_\_\_ / \_\_\_\_\_

## LIST OF CREDIT REFERENCES

ATTACH SEPARATE SHEET OF REFERENCES OR COMPLETE SECTION BELOW – PLEASE INCLUDE FAX NUMBER

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_ How long? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Your Account No. \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_ How long? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Your Account No. \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_ How long? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Your Account No. \_\_\_\_\_

## TERMS & CONDITIONS

FOR THE PURPOSES OF OBTAINING CREDIT FROM SERVICE COMMUNICATIONS INC (SCI), CLIENT PROVIDES THE ABOVE INFORMATION AND WARRANTS TO SCI THAT THE INFORMATION IS COMPLETE, TRUE AND ACCURATELY REFLECTS THE PRESENT FINANCIAL CONDITION OF CLIENT. UPON ACCEPTANCE OF THIS APPLICATION BY SCI, CLIENT AGREES TO MAKE PAYMENT IN ACCORDANCE WITH THE SCHEDULE AND AMOUNTS SET FORTH IN THE CONTRACTS AND INVOICES PROVIDED BY SCI. CLIENT AGREES TO PAY INTEREST ON PAST DUE PAYMENTS AT THE RATE OF EIGHTEEN (18) PERCENT PER ANNUM. IN CASE IT BECOMES NECESSARY FOR SCI TO RETAIN THE SERVICES OF AN AGENCY OR ATTORNEY TO ASSIST IN THE COLLECTION OF ANY AMOUNTS PAST DUE, CLIENT AGREES TO PAY SCI REASONABLE COLLECTION FEES, ATTORNEY'S FEES AND COURT COSTS. IF CLIENT BECOMES PAST DUE IN ITS PAYMENTS TO SCI, SCI MAY AT ITS OPTION ACCELERATE ALL INVOICES TO BECOME DUE AND PAYABLE IMMEDIATELY. THE INTERPRETATION AND ENFORCEMENT OF THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF WASHINGTON.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_