

Rainier Building Supply

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Ph. (253) 277-7627 Fax. (253) 277-7614
Billing@rainierbuildingsupply.com

CREDIT APPLICATION/CREDIT AGREEMENT

Full legal Business Name: _____

Address _____ City: _____ State _____ Phone: (____) _____ Fax: (____) _____

Type of Business: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Prop.

Taxable?: YES / NO Resale #: _____ (If not Taxable please provide Resale Certificate)

Description of Business: _____ Year established: _____ Fed. Tax ID #: _____

Contact Name: _____ Email: _____ A/P Contact: _____ Email: _____

OWNERS/PRINCIPALS

(Please complete the following information for all owners, partners and/or principals of the applicant business. If additional space is needed, attach separate sheet.)

Name _____

Name _____

Home Address _____

Home Address _____

City/State _____

City/State _____

Cell Phone Number (____) _____

Cell Phone Number (____) _____

Title _____

Title _____

Social Security # _____

Social Security # _____

Driver's License # _____

Driver's License # _____

BANKING INFORMATION

Bank Name _____ Branch _____ Acct:# _____

TRADE REFERENCES: (Give only names of those you buy from on open account)

Name: _____ Acct #: _____ Phone: _____

Address: _____ City/State: _____ Email: _____

Name: _____ Acct #: _____ Phone: _____

Address: _____ City/State: _____ Email: _____

Name: _____ Acct #: _____ Phone: _____

Address: _____ City/State: _____ Email: _____

Authorized Signature X Title _____

Print Name: _____ Date _____

The undersigned agree to be personally bound by all credit terms of this Credit Application. This guarantee shall continue in force until notice in writing sent by certified mail return receipt requested has been received by Rainier Building Supply. This notice shall be effective 7 days after receipt of the same by Rainier Building Supply and shall not affect any charges for transactions prior to the effective date of the termination.

ALL FIELDS MUST BE COMPLETED FOR CREDIT CONSIDERATION