



Travis Pattern & Foundry 1413 E Hawthorne Rd
 Phone (509) 466-3545

PO Box 6325

Spokane, WA 99218
 FAX: (509) 467-6465

CREDIT APPLICATION

Company Information:

Company Name:				Date:			
Billing Address:				Physical Address:			
City:				City:			
State & Zip:				State & Zip:			
Business Phone:				Business Fax:			
Business Email:				How Long at Present Location:			
DBA / Federal Tax ID#:				Sales Exemption Number:			
How Long in Business:				Type of Business:			
Corporation:		Partnership:		Sole Owner:		LLP:	
						LLC:	

Trade References:

Company Name:		Company Name:	
Attn:		Attn:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Company Name:		Company Name:	
Attn:		Attn:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Company Name:		Company Name:	
Attn:		Attn:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	



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PURCHASE AGREEMENT

I (We) promise to pay each invoice in full within 30 days of the date of the invoice. If, however, this account is not paid as agreed, a delinquency charge shall accrue on the amount of the unpaid balance at the end of the month following the date of invoice. The delinquency charge shall be computed at the rate of 18% per annum on the unpaid balance or at the highest rate of interest allowed by applicable law, for loans or forbearance of money, whichever is less: provided, said charge shall be computed at a rate not less than 12% per annum. We agree to give written notice to TRAVIS PATTERN & FOUNDRY prior to the sale or transfer of all or substantially all of the stock or assets of our business; if we fail to do so, then we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business. If this account is placed in the hands of a licensed collection agency, I (we) then agree to pay you, as liquidated damages in addition to the foregoing, an amount equal to the amount charged to you, on said collection by such collection agency, not exceeding, however (35%) of the amount unpaid thereon, together with such reasonable attorney fees as may be incurred in connection with the collection.

This agreement is governed by State of Washington law, without regard to conflict of laws.

I (We) hereby certify that the above information is true and correct to the best of my (our) knowledge. You are hereby authorized to contact any or all of the above references regarding our credit standing. I understand the above-stated credit terms and policy as stated and agreed to.

Authorized Signature: _____

Printed Name: _____

Company Name: _____

Date: _____



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Accounts payable information:

Company Name:	
Billing Address:	
City:	
State & Zip:	
Contact:	
Phone:	
Fax:	
Email:	
Email for Invoices:	
Email for Statements (If different than invoice):	

Please also include all tax/reseller permits that you have including mutli-jurisdiction.