



CREDIT APPLICATION

<p>Please return via fax or email listed below.</p> <p>Fax: _____</p> <p>Email: _____</p>
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*****Please include a tax exemption certificate with application for tax purposes*****

You may use your own application. Please ensure that all pertinent information is on it.

Please advise preferred receipt of invoices:

Fax: _____

Email: _____

Please mail all remittances to:
Western Integrated Technologies
PO Box 749748
Los Angeles, CA 90074-9748

All other Correspondences are to be sent to:
Western Integrated Technologies
7651 S 190th ST
Kent, WA 98032

Bill to _____

Ship To _____

Phone _____

Fax _____

Partnership ___ Individual ___ Corporation ___ Corporated Date _____ Years in Business _____

Accounting Supervisor _____

Nature of Business _____

Name of Principal(s) _____

Address _____



TRADE REFERENCES

****Please be sure to include fax numbers as this is how we contact references. ****

Name _____

Name _____

Address _____

Address _____

Acct Number _____

Acct Number _____

Phone _____

Phone _____

****Fax** _____

****Fax** _____

Name _____

Name _____

Address _____

Address _____

Acct Number _____

Acct Number _____

Phone _____

Phone _____

****Fax** _____

****Fax** _____

If credit is granted, I/we agree to the above terms and the undersigned is/are responsible for payment of the account including any service charges. And I/we do further agree that if my/our account must be placed in the hands of an attorney for collection or if collection is made through probate proceedings, I/we will pay a reasonable amount of attorney's fees on both the principal balance and the service charge. Accounts are due 30 days from date of invoice.

I hereby authorize the financial institutions listed in this credit application to release necessary information to Western Integrated Technologies for which credit is being applied for in order to verify the information contained herein.

Print Full Name _____

Title _____

Signature _____

Date _____