

211 Seton Road • Port Townsend, WA 98368
info@edensaw.com • Phone: 360.385.7878 • Fax: 360.385.5215

CREDIT APPLICATION

Business Name: _____ Credit Line Requested: _____ Date: _____

Bill-To Address	Ship-To Address
P.O Box/Street: _____ _____	Street: _____ _____
City: _____	City: _____
State: _____ Zip: _____ Country: _____	State: _____ Zip: _____ Country: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
E-Mail: _____	E-Mail: _____
A/P Contact: _____	Purchaser(s): _____

The State of Washington requires that we have a Reseller Permit on file for all tax exempt customers. If you want your account to be tax exempt please submit a copy of your Reseller Permit along with this application.

Would you prefer a non-priced delivery ticket with your order? Yes No Purchase Order required? Yes No

Type of Business: _____ How long in Business: _____

Business Structure: Corporation Partnership Sole Proprietor

Corporate Officers, Owners, Partners:

Name: _____ Address: _____

Name: _____ Address: _____

Bank Reference: _____ Contact Person: _____ Phone: _____

Trade Credit References:

(Please provide four companies that have a credit history with you. You must also provide both FAX and PHONE numbers for this application to be complete.)

1) _____ Fax #: _____ Phone #: _____

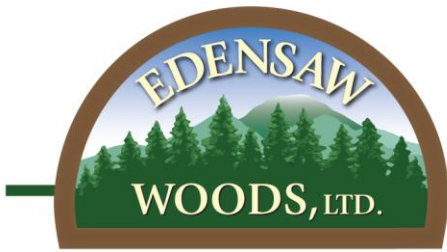
2) _____ Fax #: _____ Phone #: _____

3) _____ Fax #: _____ Phone #: _____

4) _____ Fax #: _____ Phone #: _____

For Edensaw Woods, Ltd. Use Only

Account Number: _____ SR: _____ PL: _____ LC: _____ TC: _____



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Business Name: _____ **Contact Name:** _____

Agreement to Terms

As consideration for extension of credit, the foregoing named applicant certifies that the information included herein is correct, and grants EDENSAW WOODS, LTD permission to verify any or all such information.

All credit extended shall be in accordance with the terms of individual invoices. Cash discounts, when available, are extended only to accounts which are current. All payments received will apply to oldest outstanding invoices first unless otherwise stated. A Service Charge amounting to 1-1/2% per month (18% per annum) will be charged on the last day of each month, for all delinquent amounts due. Applicant/Customer agrees to pay attorney fees and costs in the event that collection efforts become necessary. Jurisdiction and venue for all legal proceedings between the parties shall be in Washington Courts, Jefferson County.

Signature and Title of Applicant:

(If Applicant is a corporation, an authorized Corporate Officer must sign, if a Partnership, all Partners must sign.)

Signature: _____ Title: _____ SS#: _____ Date: _____

Signature: _____ Title: _____ SS#: _____ Date: _____

Signature: _____ Title: _____ SS#: _____ Date: _____

Personal Guarantee

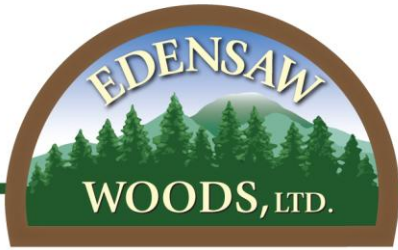
In consideration of your extension of credit and selling of goods to the above listed company, I/We guarantee payment to Edensaw Woods, Ltd. of all moneys owing to Edensaw Woods, Ltd., together with all service charges, costs of collection, reasonable attorney fees, and/or other costs, incurred in collection and/or enforcing this guaranty. This is an unconditional, joint and several, personal guarantee or payment, on behalf of ourselves and our marital communities.

This is a continuing guaranty. Edensaw Woods, Ltd. is not bound to exhaust its recourse nor to take any action against the Company before proceeding hereunder. We agree to remain bound to this guaranty notwithstanding any extensions, renewals, increases, or changes in any indebtedness or the liabilities hereby guaranteed. It is understood the credit would not be extended to the company without this assumption of liability by me/us.

Signature: _____ Title: _____ SS#: _____ Date: _____

Signature: _____ Title: _____ SS#: _____ Date: _____

Signature: _____ Title: _____ SS#: _____ Date: _____



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Authorization to Bill Credit Card

I authorize Edensaw Woods, Ltd. to bill my credit card for purchases that I or my Company have made with Edensaw Woods, Ltd.

Business Name: _____

Name on Credit Card: _____

Position: _____

Email: _____

Phone: _____ Mobile: _____

Fax: _____

Address Credit Card Company Uses to Send Statements to You

Address: _____

City: _____ State: _____ Zip: _____

Credit Card # (Visa or Master Card ONLY): _____

Expiration Date: _____ CV2: _____

- Please bill my credit card per invoice Please bill my credit card at the end of each month

Signature: _____ Date: _____