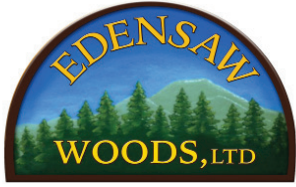


**ACCOUNT APPLICATION**



211 SETON RD.  
PORT TOWNSEND, WA 98368  
invoices@edensaw.com  
360.385.7878

Application Date \_\_\_\_\_  
Account # \_\_\_\_\_  
Salesperson \_\_\_\_\_  
Tax Code \_\_\_\_\_

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Purchaser(s): \_\_\_\_\_

**BILL-TO ADDRESS**

P.O Box/Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
A/P Contact: \_\_\_\_\_

Business entity type: LLC/ Corporation / Sole Proprietor      Tax ID: \_\_\_\_\_

Date business opened: \_\_\_\_\_ Contractor's license #: \_\_\_\_\_

UBI #: \_\_\_\_\_ WA State Reseller Permit#: \_\_\_\_\_ Bond #: \_\_\_\_\_

Bonding Company: \_\_\_\_\_ Address: \_\_\_\_\_

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

**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. 3% processing charge will be added to credit card purchases.

Business Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address credit card company uses to send statements to you:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CV2: \_\_\_\_\_

Please bill my credit card per invoice       I prefer to pay COD w/ cash or check

**AUTHORIZED PURCHASERS:**

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_  
3. Name \_\_\_\_\_ 4. Name \_\_\_\_\_  
5. Name \_\_\_\_\_ 6. Name \_\_\_\_\_

Purchase Order required?  Yes  No

**AGREEMENT TO TERMS:**

I hereby certify that the information provided herein is complete and accurate. This information has been furnished with the understanding that it is confidential and is solely to be used to determine the amount and conditions of the credit to be extended. This signature hereby authorizes the financial institution to furnish Edensaw Woods, LTD with relevant credit and banking information to verify any information provided by applicant. This Credit Account Application shall continue in full force and effect until such time as one party shall receive from the other party (by personal delivery or by certified or registered mail) written notice of revocation and/or change of status.

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. This agreement shall only be amended in writing with the signatures of both parties. Applicant/Customer agrees to pay attorney fees and costs for any collection efforts. Jurisdiction and venue for all legal proceedings between the parties shall be in Washington Courts, Jefferson County. This agreement shall be governed by the laws of the State of Washington.

**Signature and Title of Applicant:**

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_