

# Spacewall West, Inc.

25315 74<sup>th</sup> Avenue S.  
Kent, WA 98032  
(253) 852-0203  
Fax (253) 852-0204

350 East Crowther  
Placentia, CA 92870  
(714) 961-1300  
Fax (714) 961-0976

## FAX COMPLETED APPLICATION TO THE NUMBER ABOVE.

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Corporation **J**    Partnership **J**    Individual **J**

Federal ID or Social Security Number \_\_\_\_\_

Line of Credit Requested \$ \_\_\_\_\_

Principal Officers:

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Nature of Business \_\_\_\_\_

Years in Business \_\_\_\_\_ Years in Location \_\_\_\_\_

Landlord Name and Phone Number \_\_\_\_\_

Number of Employees \_\_\_\_\_ Dun & Bradstreet \_\_\_\_\_

Bank Reference \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Account Number \_\_\_\_\_

Signature To Authorize Release of Information \_\_\_\_\_

Company Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

Account Number \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

Account Number \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

Account Number \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

Account Number \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Please note that customers who are placed on open account will remain so only if they purchase on a continuous basis and within agreed terms of net 30 days.

I certify all information requested in this application is true and grant Spacewall access to our trade and bank information for the sole purpose of evaluating our credit.

Authorized Signature \_\_\_\_\_

**FAX COMPLETED APPLICATION TO:**

**Kent (253) 852-0204  
Placentia (714) 961-0976**

Please Print Name \_\_\_\_\_

Title \_\_\_\_\_