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COMMERCIAL CREDIT APPLICATION:

Company Name: _____

Type of Business _____

Mailing address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Ph. _____ Fax _____

Contact name _____ Contact Ph. _____

Position _____ e-mail _____

Insurance Agent: _____ Agent Ph: _____

Preferred payment method: *(Choose one)*

1. Credit Card _____

Visa ___ M/C ___ Discover ___

Card # _____ Exp. Date _____ CCV# _____

2. Direct Billing _____

Trade References: *Please list business name and phone number*

1. _____

2. _____

3. _____

The undersigned certifies that the above information is true and correct and agrees to pay for all goods and services purchased within 30 days from date of invoice. Any rental payments not paid within (5) days of the due date shall also bear interest of twelve percent (12%) per annum.

Full Name of Company

Signature

Date

Print Name & Title

