



Pescamax, Inc.

*PO Box 99631
Seattle, WA 98139*

*PH: (206) 282 1711
FX: (206) 282 0895
tony@pescamax.com*

CREDIT APPLICATION

Page 1 of 2

COMPANY: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

CONTACT: _____ E-MAIL: _____ FAX: _____

___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION ___ OTHER ___ DATE OF INCORPORATION: _____

STATE OF _____

FEDERAL TAX ID NUMBER (EIN) _____

PRINCIPALS/CORPORATE OFFICERS:

NAME: _____ TITLE: _____ SSN _____

NAME: _____ TITLE: _____ SSN _____

NAME: _____ TITLE: _____ SSN _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

PURCHASE ORDERS REQUIRED? YES ___ NO ___ CREDIT REQUESTED \$ _____

BANK REFERENCE:

NAME: _____ CONTACT: _____

ADDRESS: _____ PH: _____ FX: _____

CITY: _____ STATE: _____ ZIP: _____ ACCT NO.: _____

BUSINESS TRADE REFERENCES:

1. NAME: _____ CONTACT: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

(continued on page 2)

