

# F.C. BLOXOM COMPANY PRODUCE

P.O. BOX 3737 • SEATTLE, WASHINGTON 98124 • PHONE 206-624-1000 • FACSIMILE 206-682-1435

Accounting fax # 206-624-9146

## APPLICATION FOR COMMERCIAL CREDIT INSTRUCTIONS

(Please fax or mail to the above all three pages)

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER(S) ( ) \_\_\_\_\_

FAX NUMBER(S) ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

PROPRIETORSHIP:  PARTNERSHIP:  CORPORATION:

TAXABLE:  NON-TAXABLE:

RESALE CERTIFICATE NO.

PACA LICENSE NUMBER:

LENGTH OF TIME IN BUSINESS:  YEARS  MONTHS

### NAME OF OWNER, PARTNERS, OR OFFICERS:

NAME

TITLE

_____	_____
_____	_____
_____	_____

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## APPLICATION FOR COMMERCIAL CREDIT (FAX OR MAIL TO THE ABOVE)

COMPANY NAME: \_\_\_\_\_

### TRADE REFERENCE

BUSINESS NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

CONTACT: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### TRADE REFERENCE

BUSINESS NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

CONTACT: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### TRADE REFERENCE

BUSINESS NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

CONTACT: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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## APPLICATION FOR COMMERCIAL CREDIT

(FAX OR MAIL TO THE ABOVE)

(FILL OUT ONE FORM FOR EACH BANK ACCOUNT PLEASE)

COMPANY NAME: \_\_\_\_\_

### BANK REFERENCE

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

#### LIST ALL ACCOUNTS YOU HAVE WITH THIS BANKING INSTITUTION:

ACCOUNT NUMBER: \_\_\_\_\_ CHECKING  SAVINGS  OTHER

ACCOUNT NUMBER: \_\_\_\_\_ CHECKING  SAVINGS  OTHER

ACCOUNT NUMBER: \_\_\_\_\_ CHECKING  SAVINGS  OTHER

CONTACT: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**THIS LETTER WILL SERVE AS AUTHORIZATION FOR THE ABOVE LISTED BANK TO RELEASE FINANCIAL INFORMATION TO F.C. BLOXOM COMPANY.**

WE UNDERSTAND AND AGREE THAT THE INFORMATION FURNISHED YOU ON THIS PAGE IS FOR THE PURPOSE OF OBTAINING CREDIT FROM OUR FIRM; THAT I/WE AM/ARE AUTHORIZED IN MY/OUR CAPACITY, TO BIND MY/OUR FIRM ACCORDINGLY. I/WE FURTHER UNDERSTAND AND AGREE THAT ALL ACCOUNTS OR MONIES DUE YOU SHALL BE DUE AND PAYABLE AT THE PAYMENT ADDRESS SHOWN ON YOUR STATEMENT AND THAT I/WE FURTHER UNDERSTAND AND AGREE THAT SHOULD MY/OUR ACCOUNT NOT BE PAID WITHIN THE TERMS LISTED BY THE STATEMENT, A FINANCE CHARGE WILL BE ASSESSED AT THE RATE OF EIGHTEEN (18) PERCENT PER ANNUM OR THE MAXIMUM AMOUNT ALLOWED BY LAW FROM DATE OF SUCH STATEMENT. I/WE ALSO UNDERSTAND AND AGREE THAT IN THE EVENT MY ACCOUNT IS PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION, OR IF COLLECTED THROUGH BANKRUPTCY OR PROBATE PROCEEDING, I/WE AGREE TO REIMBURSE F. C. BLOXOM COMPANY FOR ALL COLLECTION COSTS.

**PLEASE ATTACH A COPY OF YOUR LATEST FINANCIAL STATEMENT.**

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(AUTHORIZED SIGNATURE)

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(AUTHORIZED SIGNATURE)

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(AUTHORIZED SIGNATURE)