

PalmFlex Credit Application

Remit to address: 3201 NE 105th Street, Seattle, WA 98125

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Accounting contact: Cyndi Cunningham, cyndi@palmflex.com

APPLICANT INFORMATION

Business Name:

Name:

Phone:

Email:

Bill to Address:

City:

State:

ZIP Code:

Ship to Address:

City:

State:

ZIP Code:

Business Start date:

Website:

AP Contact:

AP Email:

Purchasing Contact:

Purchasing Email:

REFERENCE 1

Name:

Address:

Contact Name:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Account Type:

REFERENCE 2

Name:

Address:

Contact Name:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Account Type:

REFERENCE 3

Name:

Address:

Contact Name:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Account Type:

All invoices are to be paid 30 days from the date of the invoice.

All invoices are generated when an order is placed.

By submitting this application, you authorize PalmFlex, Inc. to make inquiries into the business/trade references that you have supplied.

Date	Signature of Owner or Officer	Title