

Mailing Address

P.O. Box 7340 Olympia, WA 98507-7340 Phone (360) 357-7731 Fax (360) 786-9497 Email accounting@lewrents.com

Street Address

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CREDIT APPLICATION

Address:State:State: Legal Form: Corporation Partnership Tax ID Number: Annual Revenues: Type of business: Bankruptcy: () Yes () No If Yes, explain	Zip Code: Sole Proprietorship Bus Fax: _	County: _	/Ext.:		_
Legal Form: Corporation Partnership Tax ID Number: Annual Revenues: Type of business:	Sole Proprietorship Bus Fax: _	Bus Phone	/Ext.:		<u> </u>
Tax ID Number:Annual Revenues:Type of business:	Bus Fax: _				
Annual Revenues: Type of business:					
Type of business:					
· ·		Preferred Billing Me	ethod: Email	Fax	US Mail
Bankruptcy: () Yes () No If Yes, explain_					
Principal Name:	<u></u>				
(Last)		(First)			(MI)
SSN (Principal):		% of Ownership:			
Address:					
Dity:State:	Zip Code:		County:		
NA State UBI number:					
Authorized Persons Attach List If	<u>Necessary</u>				
Name:	Cell Phone:				
Name:	Cell Phone:				
Name:	Cell Phone:				
Name:	Cell Phone:				
	0011 110110				
	Job Number Require				
PO Required Yes No					
PO Required Yes No Frade Reference		d Yes No			
PO Required Yes No Frade Reference Name:	Job Number Require	d Yes No	_ Fax		
PO Required Yes No Trade Reference Name: Dity/State:	Job Number Require Phone:	d Yes No	FaxContact:		
PO Required Yes No Trade Reference Name: City/State: Name:	Job Number Require Phone: Acct Numbers:	d Yes No	FaxContact:Fax		
PO Required Yes No Trade Reference Name: City/State: Name: Name:	Job Number Require Phone: Acct Numbers: Phone:	d Yes No	Fax Contact: Fax Contact:		