



7701 South 200th Street
Kent, WA 98032
253-872-7474 Phone
253-872-7479 Fax

REQUEST FOR CREDIT

ALL INFORMATION GIVEN WILL BE KEPT STRICTLY CONFIDENTIAL

Legal Name _____ dba _____
Billing Address: _____ Zip Code _____
Telephone _____ Fax _____ Email _____

Type of Business _____ Business Inception Date _____
(Circle one) Corporation Partnership Proprietorship Other

Federal ID# _____ Exempt from Sales Tax - YES NO (circle one)
State of Registration _____ Dunn & Bradstreet Number _____

Credit Card # _____ Exp. Date _____
Type (circle): Visa MC Amex

This will authorize PNW to charge the above credit card for payment if payment by credit card is the preferred method of payment or if payment by other means is Past Due.

Signed: _____ Date: _____
Print Name: _____

Credit References:

1. Name of Company _____ Contact _____
Address _____
Phone _____ Fax _____ Email _____

2. Name of Company _____ Contact _____
Address _____
Phone _____ Fax _____ Email _____

3. Name of Company _____ Contact _____
Address _____
Phone _____ Fax _____ Email _____

Bank Reference:

Name of Bank _____ Officer Name _____
Address _____ Account # _____
Phone _____ Fax _____ Email _____

This authorizes PNW Equipment, Inc. to contact the above references to gain information about our company.

Completed by: _____ Title _____ Date _____

PNW Use Only

Purchase Amount _____ Monthly Lease Value _____
Lease Agreement _____ Date Required _____ Salesperson _____