



833 East Front St., Port Angeles, WA 98362 360-452-8933 [info@hartnagels.com](mailto:info@hartnagels.com) 360-452-8943 fax  
 Visit us Online: [www.hartnagels.com](http://www.hartnagels.com) Note: This Credit Application Must Be Completed In Full

Company or Individual Name	Credit Level Requested \$	Date
Address	State	Zip Code
Billing Address	Email (optional)	Telephone
Application is for: <i>Corporation Partnership Individual Proprietorship</i>	Type of Business	How Long at this Address
Previous Address (if less than 3 years)	WA State Contractor's License#	Other Business Names

**Individual(s) or Principals of Company**

Name	Address	Date of Birth	Social Security No	Title / Occupation

**Credit References**

Name	Address	Telephone	Credit Type

**Bank References**

Bank Name	Address	Bank Contact

**Approvals**

**Notice:**

The following credit agreement is provided for your information. Please read the agreement before signing the application.

**Credit Agreement:**

If this agreement is opened, I agree to the following terms:

1. Our statements cut-off at the end of the month. Balance is due on the 10<sup>th</sup> of the month following purchases.
2. If the account balance is not received by the end of the month following purchases, customer agrees to pay a 1.5% service charge on the unpaid balance.
3. Customer agrees to pay collection costs and/or attorney's fees in the event that collection efforts become necessary.
4. Customer authorizes release of credit and banking information necessary for approval of this application,

***I (we) certify that the above information is true and correct, and that we can comply with your terms.***

Signature of Applicant	Title
Credit Approval and Date	Credit Level Approved