



Pacific Northwest Traffic Control & Supply
PO Box 12548 Everett, WA 98201

Customer Application

Company Name _____

Bill To Information:

Address _____

City _____

State/ Province _____ Zip/ Postal Code _____

Country _____

Phone Number _____

Fax Number _____

Website _____

Federal ID# _____

Sole Proprietor Corporation Partnership

Type of Business _____ Year Founded _____

Company Annual Sales _____ Estimated Annual Purchases _____

Name of Principals or Officers:

Name _____ Title: _____ E-mail _____

Name _____ Title: _____ E-mail _____

Purchasing Contact _____ Phone _____ E-mail _____

Accounts Payable Contact _____ Phone _____ E-mail _____

Bank Name _____ Bank Contact _____

Bank Address _____

Bank Phone _____ Bank FAX _____

Type of Account Business Personal Savings

Suppliers

1. Name _____ Address _____

Phone _____ FAX _____

2. Name _____ Address _____

Phone _____ FAX _____

3. Name _____ Address _____

Phone _____ FAX _____

4. Name _____ Address _____

Phone _____ FAX _____

Credit terms are net 30 days, 1.7% monthly service charge thereafter if not paid within 30 days of invoice notice.

I/WE AUTHORIZE INVESTIGATION OF ALL CREDIT REFERENCES LISTED

Provided by:

Signature

Title

E-Mail

Date