

Cascadia International, LLC  
Corporate Office  
2312 Milwaukee Way  
Tacoma, WA 98421

Mail Address:  
P. O. Box 1196  
Tacoma, WA 98401

Telephone: (253) 272-8401 (800) 654-5850 Fax: (253) 383-4281



## Credit Application

For the purpose of obtaining merchandise or services on credit from Cascadia International, LLC (hereinafter known as Dealer), the undersigned submits the following as being a true and correct statement of personal and financial information. I hereby authorize any of the references listed hereon to provide Dealer with any and all information requested by Dealer. I understand that Dealer will investigate my credit history with a credit reporting agency(s).

Please indicate type of account you are requesting:      Parts/Service \_\_\_\_\_ Rental/ Leasing \_\_\_\_\_ Both \_\_\_\_\_

Please check the location where you are requesting credit:       Tacoma       Yakima       Anchorage       Fairbanks

Credit Limit \$ \_\_\_\_\_ Date: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_

\_\_\_\_\_  
Firm Name (Including any DBA's)

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Physical Address

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ P.O. Req. Yes or No

\_\_\_\_\_  
Officers/Partners/Sole Owner's Name(s)

\_\_\_\_\_  
Officers/Partners/Sole Owners Address(s)

\_\_\_\_\_  
SSN/Tax ID

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Sales Tax Exemption No.

\_\_\_\_\_  
Date Business Started

\_\_\_\_\_  
How Long at Present Address

\_\_\_\_\_  
Number of Trucks used in your Business

\_\_\_\_\_  
Name, Address of Parent/Subsidiary

\_\_\_\_\_  
Yard Location if Different from Office/Shipping Address(s)

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Insurance Agency

\_\_\_\_\_  
Agent Phone Number

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Accounts Payable Contact Name(s)	Phone Number	Fax Number	Email Address
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The Follows Person(s) are Authorized to Sign/Order on Account:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

**For your protection please notify Dealer of any changes to the above.**

### References

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Bank Name and Branch	Phone	Account No.
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Address	City	State	Zip
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### Trade References:

1) \_\_\_\_\_  
Name Phone Fax

Address City State Zip

2) \_\_\_\_\_  
Name Phone Fax

Address City State Zip

3) \_\_\_\_\_  
Name Phone Fax

Address City State Zip

4) \_\_\_\_\_  
Name Phone Fax

Address City State Zip

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5) \_\_\_\_\_  
Name Phone Fax  
\_\_\_\_\_  
Address City State Zip

6) \_\_\_\_\_  
Name Phone Fax  
\_\_\_\_\_  
Address City State Zip

**In the event that Dealer extends credit, the undersigned agrees to the following terms and conditions:**

- 1) Parts and service invoices are due NET 30 Days from date of Invoice.
- 2) Idealease invoices are due NET 30 DAYS from date of invoices, unless terms otherwise stated on invoice, Lease Agreement, Rental Agreement, Lease Contract or Maintenance Contract.
- 3) Any Parts and Service Account PAST DUE OVER 60 DAYS will be automatically placed on C.O.D. and credit privileges will be withdrawn.
- 4) Any Lease, Rental or Contract Maintenance Account PAST DUE may be placed on C.O.D.
- 5) 1.5% Interest will be charged and is due on all Invoices over 30 DAYS from date of Invoice.
- 6) Payee is responsible and must pay on demand all cost and expenses incurred in enforcing collection of amount, including, but not limited to: attorneys fees, legal expenses, collection agency fees, and any anticipated post-judgment collections services whether or not there is a lawsuit.
- 7) Venue and Jurisdiction of any suit or legal action shall be in Tacoma, Pierce County, Washington. Customer waives right to jury trial.
- 8) Terms of sale are pursuant to those stated herein by Dealer. No future buyer's terms will be negotiated or considered.
- 9) Applicant agrees to provide an updated application every 24 months or upon request.

**AUTHORIZED SIGNATURE BY OWNER/OFFICER REQUIRED. APPLICANT SIGNATURE ATTESTS TO FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH THE ABOVE TERMS AND AUTHORIZES DEALER TO PROCESS INQUIRES ON THE ABOVE REFERENCES.**

\_\_\_\_\_  
Authorized Signature Date Print Name Title

**Personal Guarantee:**

I, We Personally Guarantee payment for all materials and services purchased by the applicant in accordance with the aforementioned terms and hereby consent to Dealer use of non-business consumer credit report to evaluate the extension of business credit.

\_\_\_\_\_  
Authorized Signature Date Print Name Title

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Protection Act. (Form 2-2005)