



4600 Ryzex Way
Bellingham, WA 98226
Phone: 360-714-1000
Fax: 360-738-2358
www.ryzex.com

Credit Application

Business Information

Business Name: _____
DBA: _____
Address 1: _____
Address 2: _____
City, State, zip (or postal code): _____
Phone: _____ Fax: _____
Federal Tax ID #: _____
DUNS#: _____
Tax Exempt (Yes/No): _____ If yes, please include a copy of exemption certificate.
A. P. Contact Name and Phone: _____

Trade References

Business Name: _____
City, State, zip (or postal code): _____
Phone: _____ Fax: _____

Business Name: _____
City, State, zip (or postal code): _____
Phone: _____ Fax: _____

Business Name: _____
City, State, zip (or postal code): _____
Phone: _____ Fax: _____

Bank References

Bank Name: _____
Type of Account _____
Account # _____
City, State, zip (or postal code): _____
Phone: _____ Fax: _____

Bank Name: _____
Type of Account _____
Account # _____
City, State, zip (or postal code): _____
Phone: _____ Fax: _____

To expedite the credit granting procedure, please complete all information. Providing account numbers and fax numbers greatly reduces the time it takes to obtain proper credit references. To submit your completed application, please **fax to 360-738-2358** or **e mail to credit@ryzex.com**. **Payment terms are 30 days from date of invoice.**

The person signing below authorizes Ryzex to obtain credit information, according to Federal Law.

Signature: _____

Date: _____