



7620 South 192nd St., Kent, WA 98032 USA seattlebikesupply.com
 Toll Free Phone 1-800-283-2453 Fax 800-955-2453
 Local Phone 425-251-1516 Local Fax 425-251-1938

OFFICE USE
 CUSTOMER No: _____
 Approved: _____
 Sales Mgr: _____

• EXCLUSIVE DISTRIBUTOR OF THESE BRANDS •



BUSINESS APPLICATION

Legal Name of Firm: _____ Date _____

Billing Address: _____

Delivery Address: _____

City _____ State _____ Zip _____ Phone# _____

Fax# _____ Email _____ Website _____

The following information must be completed in full and will be held in the strictest confidence.

No. of years in business _____ Requested credit limit _____

Corporation Partnership Individual LLC

Name(s) of Principal(s)

Name _____ SS# _____

Residence Address _____

City _____ State _____ Zip _____

Phone _____

Name _____ SS# _____

Residence Address _____

City _____ State _____ Zip _____

Phone _____

Landlord

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

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7620 South 192nd St., Kent, WA 98032 USA seattlebikesupply.com
1-800-283-2453 Fax 1-425-251-5279 Direct Line 1-425-251-1937

Bank References:

Bank _____ Account No. _____

Address _____

City _____ State _____ Zip _____

Phone _____

LIABILITY INSURANCE: We require that you provide a copy of your liability insurance information. Please attach a copy of your insurance binder to this application.

I/We have regular accounts with the following and authorize you to contact them for necessary information:

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____

4. Name _____ Phone _____

Address _____

Summary Of Terms:

ALL SALES ARE C.O.D. UNLESS OTHERWISE SPECIFIED. ALL RETURNED CHECKS ARE SUBJECT TO \$20.00 FEE. In consideration of extension of credit, I/We agree to pay interest at the rate of 1 1/2% per month (18% a year) on all past due accounts. Should action be required to enforce payment of any past-due account, I/We agree to pay all costs including but not limited to, Court costs, Attorney's fees and collection agency charges, which may be incurred or expended. I/we agree that any disputes will be governed by Washington Law and heard in the courts of King County, Washington. I certify that all the information on this form is correct. I fully understand your terms and agree to the proper payment in consideration of extended credit. **I/We hereby authorize the above listed bank and trade references to release credit information on our firm as requested. I also authorize you to inquire with local credit reporting agencies.** You must conduct business in a retail store front in a commercial zoned area. **YOU MUST ATTACH PHOTOGRAPHS OF YOUR STORE WITH SIGNAGE CLEARLY VISIBLE AND A COPY OF YOUR CURRENT INSURANCE BINDER SHOWING PROOF OF LIABILITY INSURANCE. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.**

Signature _____

Title _____ Date _____