C-fficiency Systems, Inc. 5902 Oakesdale Road Phone: 509-595-1811

Oakesdale, WA 99158

Phone: 509-595-1811 Email: info@c-fficiency.com



COMMERCIAL CREDIT APPLICATION - CONFIDENTIAL

THIS FORM MUST BE COMPLETELY FILLED OUT

Contact Information	on				
Legal Business Name:					
Full Mailing Address:					
·	Street / PO Box	City		State	ZIP
Full Street Address:	Street / PO Box	City		State	ZIP
Phone Numbers: (Include area code with all numbers)	Land Line	Fax		Mobile	
	Website				
About Your Busine	ess				
Type of Business	Proprietorship	Partnership	Corpo	oration	
Type of Business	If incorporated, date of inc	<u> </u>		nat State:	
		<u></u>			
Principals (Owners,	Officers, or Partners)	Position / ⁻	Fitle	Social S	Security#
Type of Business engag	ed in:		Y	'ear's in Busine	PSS:
Federal ID # (EIN):		Contracto	r's License #		
Do we charge you sales	tax? Yes	No (Blanket E	xemption Certificate	Attached)	
If no, you must provide	us with a valid resale or exemp	otion certificate for each	state in which you ac	cept delivery.	
Failure to provide this o	locumentation will result in ta	x being charged to you			
Accounts Payable Cont	act Name:				
Accounts Payable Emai	l Address:				
Major Trade References	: Fax #'s are needed for proces	ssing			
Name:		Fax #:	Phone #	Þ:	
Name:		Fax #:	Phone #	‡:	
Name:		Fax#:	Phone #	ŧ:	_
Credit Philosophy	& Authorization				
		vilaga pata vigita 187	atuita ta allenhi a a		t and an time
	ns, Inc. believe credit is a pri eturn, we expect prompt paym				
	um amount allowed by law or	=		, aaja. 1,,2,,0 .	
By my signature below I a	authorize C-fficiency Systems, I	nc. to obtain a Consume	er Credit Report regar	ding the credi	t applicant
	zation is valid for purposes of v under the Fair Credit Reporting		en pursuant to busine	ss negotiation	s, or any other
First Name:		La	st Name:		
Please Pri	πτ		Please Print		
Signature:			Date:		

COMMERCIAL CREDIT APPLICATION

Sales or Use Tax Blank Exemption Certificate

For Product delivered into:	Name of State			
I HEREBY CERTIFY that all resale in the regular course in producing for sale a new processing the same. This specified and shall be valid	of business without intervolvers. Article of tangible personate certificate shall be conside	rening use by me, or for t al property of which the	the purpose of consuming property purchased will	ng the property purchase be an ingredient used ir
This certificate is given with	ı full knowledge of, and sub	oject to the legally prescri	ibed penalties for fraud a	and tax evasion.
Sales Tax Exempt No:				
Firm Name as Registered:				
Type of Business:				
Full Business Address:	Street / PO Box	City		State Zip
Bank Information				
Bank Name:				
Fax #:		Phone #:		
Loan Officer Name:				
Title:				
Types of Accounts	Checking	Loan	Savings	(Check all that apply)
Signature Authorizing Bank	to Supply Information:			
Signature:			Date:	
Title:				
Personal Guarantee				
The undersigned individu applicant, recognizing that applicant, hereby consents business credit grantor, fron	this or her individual creces to and authorizes the use	dit history may be a fact e of a consumer credit i	tor in the evaluation of report on the undersign	the credit history of the
Personal Guarantee: Signat	ure is needed for processin	ng		
l,First & Last Name	, being Title		of Company Name	
Hereby agree to the terms a including reasonable collec			Precast, Inc. and person	ally guarantee payment
Authorized Signature: (I	Do Not Sign with Corporate Title)		Date:	