



PO Box 2110
26285 Twelve Trees Ln, Ste A
Poulsbo, WA 98370

Phone: 800-535-0131
Fax: 360-626-6118
E-mail: credit@pacificdirectsales.com

Business Credit Application

Please sign this application agreeing to our terms and disclosures. If the information supplied is incomplete or found to be incorrect, the application process may be delayed and could affect prompt delivery of products or services.

Business Name _____	
Phone _____	Fax _____
Street Address _____	
City, St _____	Zip _____
Billing Address _____	
City, St _____	Zip _____
A/P Contact Name / Title _____	E-Mail Address _____
A/P Phone # _____	A/P Fax # _____
A/P Payment Schedule: <input type="checkbox"/> Weekly (Day of the week) _____ <input type="checkbox"/> Bi-Weekly (1 st /15 th or 15 th /30 th) _____ <input type="checkbox"/> Monthly (Day) _____	
Alternate Contact Name / Title & Phone Number: _____	
Nature of Business _____	Resale? <input type="checkbox"/> Yes <input type="checkbox"/> No
UBI/Resale# _____	State(s) of Resale: _____
Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____	
No. of Years in Business _____	Bankruptcy in the last 5 years? _____ POs Required ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you anticipate monthly or yearly volume? _____	
Officer's Name & Title _____	Officer's Name & Title (2 nd) _____
Owner's Name _____	Soc Sec # _____ - _____ - _____ Address _____
Do you operate under any other names or have you operated under any other names in the past two years?	
If yes, state company name & address: Name of company: _____	
Address of company: _____	

Payment Terms (Select One):

Credit Card COD Net 30 Amount of Credit Desired? (Net 30) _____

Card Number _____ Exp. Date _____ CID _____

Card Type: VISA / MasterCard / AMEX / Discover

Please complete reference and signature areas on next page.



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Business Credit Application References

You may attach a credit reference sheet in lieu of the below information. All information will be held in confidence.

Please find the listing of companies below for your review. The companies listed have a working relationship with Pacific Direct and we have already established the best means to check credit information with these companies. Simply fill in your account number with the company you do business with. If an account number is not applicable, simply write in **YES**.

Enesco Corp _____ Ty Inc _____ Manual Woodworkers _____

Wincraft _____ Ganz Inc _____ Crabtree & Evelyn _____

If you do not do business with the above listed companies, please provide us with additional companies you do business with. References should be businesses with which you already established and have active and open credit. To avoid delay in processing, complete in full.

Company Name _____ Phone _____ FAX _____ Acct No _____

Company Name _____ Phone _____ FAX _____ Acct No _____

Company Name _____ Phone _____ FAX _____ Acct No _____

Company Name _____ Phone _____ FAX _____ Acct No _____

Credit Guidelines & Disclosures

Applicant certifies that the above information is true and correct. Applicant authorizes Pacific Direct, Inc to contact a credit reporting agency to verify credit worthiness. Applicant also represents and agrees [1] once their account is established, credit limits will be increased or reduced reflecting your record of payment [2] all invoices are due and payable within thirty (30) days of the invoice ship date, unless otherwise noted and [3] new orders will not be shipped until the account is current. In the event of default, applicant authorizes Pacific Direct, Inc to apply any open balances to any credit card that has been used for payment on the account. In addition, a finance charge may be imposed on any amount thirty (30) days or more past due at a periodic rate of 1.5% per month (annual percentage rate is 18%) as well as all applicable collection agency fees, legal expenses and attorney fees will be paid by applicant. A collection agency fee equal to 50% of the balance due will be added to customer's account upon assignment to a collection agency.

Name of Individual Responsible _____ Title _____

Signature _____ Date _____