



DIVISION OF DAVID N. BROWN, INC.

#FOXPLH*163LO

7501 2nd Ave. S. Seattle, WA 98108 (206) 767-3311 Fax (206) 768-2564

COMMERCIAL CREDIT APPLICATION

NAME OF COMPANY: _____ DATE _____

BILLING ADDRESS: _____ PHONE _____ - _____ - _____

CITY, STATE, ZIP _____ FAX _____ - _____ - _____

CORPORATION []

PARTNERSHIP []

PROPRIETORSHIP []

Business Started _____ Contractors License No.(if applicable) _____

Type of Business _____ Contact Person _____ Title _____

*Use back if more space needed

Principles Names

Position

Social Security No.

Name of Bank _____ Branch _____ A/C# _____

Name of Bank Representative _____ Phone No. _____

CREDIT REFERENCES

1. Name _____ For Fox Use (S.T. _____)

Address _____ Phone _____

Address _____

2. Name _____

Address _____ Phone _____

Address _____

3. Name _____

Address _____ Phone _____

Address _____

I have answered this credit application fully and truthfully; and agree that my credit references may be used for the granting of credit. All invoices are due upon receipt. All delinquent invoices will be subject to a 1 1/2 percent per month finance charge.

Signature _____ Date _____

Personal Guarantee

I hereby personally guarantee any debts owing to the Fox Companies and promise to pay them in the event of default by the company.

Guarantor _____ Date _____