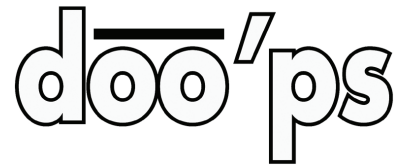


APPLICATION FOR CREDIT



TEL: (360) 956-1020 FAX: (360) 956-3117
705 E. 4TH AVENUE, OLYMPIA, WA 98506
www.doopscoy.com

*** PLEASE TYPE OR PRINT CLEARLY. THANK YOU

FIRM NAME (IN FULL): _____
NAME(S) OF OWNER(S): _____

TYPE OF BUSINESS: _____ IN BUSINESS SINCE: _____

PLEASE CHECK ONE: INDIVIDUAL PARTNERSHIP CORPORATION

BILLING INFORMATION

ADDRESS & SUITE #: _____
CITY: _____ STATE: _____ TELEPHONE: _____

DELIVERY INFORMATION (IF DIFFERENT FROM BILLING)

ADDRESS & SUITE #: _____
CITY: _____ STATE: _____ TELEPHONE: _____

TRADE REFERENCES

ADDRESS & SUITE #: _____
CITY: _____ STATE: _____ TELEPHONE: _____

ADDRESS & SUITE #: _____
CITY: _____ STATE: _____ TELEPHONE: _____

ADDRESS & SUITE #: _____
CITY: _____ STATE: _____ TELEPHONE: _____

BANK REFERENCES

NAME: _____ ACCOUNT #: _____ TELEPHONE: _____

I UNDERSTAND THE FOLLOWING AND WILL ABIDE BY YOUR REGULATIONS:

(I) / (WE) AGREE TO NOTIFY YOU IMMEDIATELY OF ANY CHANGE OF OWNERSHIP OR ADDRESS.

IF GRANTED CREDIT BY YOU, I AGREE TO PAY ALL INVOICES ACCORDING TO YOUR TERMS, WHICH ARE NET 30 E. O. M.
ALL OVERDUE UNPAID BALANCES WILL BE CHARGED 1.5% PER MONTH WICH IS 18% FOR 12 MONTHS FOR HANDLING.
IF THE ACCOUNT IS NOT PAID IN FULL WHEN DUE, ORDERS WILL BE SHIPPED ON A C. O. D. BASIS.

SIGNED: _____ TITLE: _____ DATE: _____

FOR DOO'PS USE ONLY:

CONFIRM BILLING & DELIVERY ADDRESSES.
PAYMENT BY INVOICE OR BY STATEMENT?
DUPLICANTS TO BE SENT WITH STATEMENT?
JOB #, JOB NAME, P. O. REQUIRED?

RESALE #: _____
ACCOUNT #: _____
FINAL APPROVAL: _____