



3921 PACIFIC HWY. EAST TACOMA, WA 98424

PHONE: 253 922-1321 FAX: 253 922-1329

NDT AND FINISHING

APPLICATION FOR CREDIT

COMPANY NAME

Name of firm or Individual

Street Address

Yrs at Location

City State Zip Phone Fax

Hereby applies for credit in accordance with the terms and conditions of:

**P.M. Testing Laboratory, Inc.
3921 Pacific Hwy E
Tacoma, WA 98424
Phone: (253) 922-1321
Fax: (253) 922-1329**

The following information must be provided and will be held in strict confidence.

OWNERSHIP

Corporation Partnership LLC Sole Proprietor/Individual
Non-Profit Other _____

Federal Tax ID#

Purchase for Resale? Yes No If yes, please provide Reseller Certificate.

Officer/Partner/Member/Owner Phone

Street Address City State Zip

Accounts Payable Contact Phone



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NDT AND FINISHING

BANKING

_____	_____	_____
Bank	Contact	Phone
_____	_____	_____
Address	City	State Zip

CREDIT REFERENCES

Business name, Address, Phone

1.

2.

3.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment of extended credit. Signer acknowledges having sufficient authority to execute this application on behalf of the firm or individual applying for credit.

_____	_____	_____
Signature	Title	Date

P.M. Testing Laboratory, Inc. Credit Terms & Conditions

Please note that it has always been our policy to maintain Net 30 terms with all of our customers. We reserve the following rights: (i) to assess a 1.5% service fee monthly on those unpaid invoices over 45 days outstanding; (ii) to restrict the ability to place new orders while there are unpaid invoices over 45 days outstanding; (iii) to rescind credit terms at our sole discretion.