

SKAGLUND QUARRY

Mailing Address: 39209 SR530 NE Arlington, WA 98223
 Location Address: 38211 Swede Heaven Rd Arlington, WA 98223

Quarry # 360-631-0063

Legal Name of Business
Mailing Address
Street Address (If different from mailing)
City Postal Code

Trade Name (if different from legal name, i.e: operating as)
Telephone Number Mobile Number
Fax Number Year Business Started
Nature of Business
E-Mail Address

IS THIS APPLICATION FOR A:
 PERSONAL ACCOUNT ___ PARTNERSHIP ___ SOLE PROPRIETORSHIP ___ CORPORATION ___

BANKING INFORMATION
Bank
Branch
Account
Contact Person at Bank/Phone Number

PLEASE LIST 4 TRADE REFERENCES
Company Name Tel Number
Company Name Tel Number
Company Name Tel Number
Company Name Tel Number

ADDITIONAL INFORMATION Amount of Credit Required: \$ _____

Is Credit Required for a special project? ___ Yes ___ No Tax ID #: _____

Is your Company Tax Exempt? ___ Yes ___ No If Yes, Please attach a copy of Tax Exemption to the application

E-INVOICE ENROLLMENTNote: It is the responsibility of the applicant to notify changes to all email addresses. The Applicant is responsible for all balances on the account.**

Email:		
	Tel Number:	Email:
For Office Use		
Approved:	1. All invoices are to be paid 30 days from the date of the invoice	
Limit:	2. Claims arising from invoices must be made within seven working days.	
Account#	*I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed	
Date:		
Type:		
Location:		

in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Thank you for choosing Skaglund Quarry- Please ensure Application is dated and signed.

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Date

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Signature