



Effective Date: April 1, 2005

**CREDIT APPLICATION**

Softride, Inc. ~ P.O. Box 9709 ~ Bellingham, WA 98227 ~ Phone: 800.557.6387 ~ Fax: 360.647.1884 ~ www.softride.com

**NAME** (List branch stores on an attached sheet.)

Firm Name \_\_\_\_\_ d.b.a. \_\_\_\_\_  
Billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Shipping address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**BUSINESS**

Principal business \_\_\_\_\_ Date business started \_\_\_\_\_ Tax ID # \_\_\_\_\_  
Building \_\_\_\_\_ Rent \_\_\_\_\_ Own Value (if owned) \_\_\_\_\_ Mortgage/Lease Payments \_\_\_\_\_  
Total annual sales \_\_\_\_\_ Business insurance carrier \_\_\_\_\_ Credit limit desired \_\_\_\_\_

**OWNERSHIP**

\_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Subsidiary

List owners/officers	Position	Address
_____	_____	_____
_____	_____	_____

Controller/contact \_\_\_\_\_  
Bankname/Contact \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account number \_\_\_\_\_ Inventory Line of Credit \_\_\_\_\_  
Financial statement attached \_\_\_\_\_ Yes \_\_\_\_\_ No (required if credit limit desired exceeds \$10,000.00)

**TRADE REFERENCES AND AUTHORIZATION FOR CREDIT CHECK**

1. Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
2. Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
3. Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
4. Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

I (we) agree that a representative of SOFTRIDE, Inc. may contact any persons named above for verification of facts and payment of funds.

AUTHORIZED BY \_\_\_\_\_ DATE SIGNED \_\_\_\_\_  
(Corporate officers or owner's signature only)

**REMARKS:** \_\_\_\_\_

I (we) hereby agree to the following:

1. That I (we) make sure that above terms are complied with and that I (we) will notify you immediately of any changes of the above facts.
2. That I (we) will pay a LATE CHARGE of 1 1/2 % (which is 18% ANNUAL PERCENTAGE RATE) on the unpaid balance of my (our) account on the 1<sup>st</sup> of each month if payment has not been made in accordance with the terms of the invoice.
3. That all invoices will be paid within the terms indicated to prevent termination of credit.
4. I (we) agree to give written notice to SOFTRIDE, INC. prior to the sale or transfer of all or substantially all of the stock or assets of our business; if we fail to do so, then we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business.

**DEFAULTS:** In the event of default of non-payment purchaser agrees to pay all costs incident to collections, including but not limited to reasonable attorney's fees, cost of collection, and court costs. This contract is made in the State of Washington. The buyer by placing an order agrees to submit to the jurisdiction of the courts of the State of Washington, and that the laws of the State of Washington shall apply.

The representations made herein are correct to the best of my knowledge and I understand this application may be rejected or revoked by SOFTRIDE, Inc. At any time if the actual facts are found to differ materially from those stated above.

AGREED TO BY: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
(Corporate officer or owner's signature only)