



## ACCOUNT APPLICATION

2815 Eastlake Ave E., Ste 200

Seattle WA 98102

Phone: (800) 914.3327

Fax: (206)812.1641

Email: [order@compendiuminc.com](mailto:order@compendiuminc.com)

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Main Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Requesting Terms?      Yes      No      How long in business? \_\_\_\_\_ Years

(Standard Terms are N30)

Business Type:      Corporation      Partnership      Proprietorship      LLC      Type of Store: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ State Resale and Business License # \_\_\_\_\_

Please provide copy of resale certificate to keep on file (if applicable)

### OWNER AND ACCOUNT CONTACT INFORMATION

Owner(s) Name: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like paperless billing?      Yes      No

Email to send electronic invoices if different from accounting contact: \_\_\_\_\_

### TERMS AND CONDITIONS

Compendium, Inc. is hereby authorized to obtain a Credit Report for the purpose of assessing this Application for Credit

I (we) promise to pay each invoice, in full, according to the terms of payment stated on each invoice.

I (we) understand that if I (we) do not pay each invoice by the terms stated on that invoice that a finance charge of 1.5% will be charged each month on the unpaid balance. I (we) agree to pay all assessed finance charges.

I (we) understand that if the terms above are not met, Compendium Inc. may at its sole discretion withhold shipment of items on order, refuse additional orders, or close the applicants account. Approved terms expire after one (1) year of inactivity.

If, for any reason, this account is not paid as agreed, I (we) agree to pay in addition to the invoiced amount and finance charges, a reasonable attorney's fee; or if this account is placed with a collection agency, I (we) acknowledge that you are damaged thereby to the extent of the collection charge against you and I (we) therefore agree to pay to you, as liquidation damages an amount equal to the amount charged you on said collection by said collection agency, up to fifty percent of the unpaid amount on the applicant's account in addition to the above attorney's fees, if any.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_