

# InStore Technology LLC

220 South Findlay Street, SEATTLE WA 98108  
 (206) 709-0125 • FAX (206) 860-1525

## Credit Application

LEGAL BUSINESS NAME		TELEPHONE	FAX/Email
PHYSICAL ADDRESS (STREET)		(CITY)	(STATE) (ZIP) (COUNTY)
BILLING ADDRESS		(CITY)	(STATE) (ZIP) (COUNTY)
TYPE OF BUSINESS	YEARS IN BUSSINESS	YEARS W/ CURRENT MNGMT	FED TAX I.D. #
PROPRIETORSHIP      PARTNERSHIP      CORPORATION		STATE OF INCORPORATION AND YEAR	

PRINCIPAL'S NAME		% OF OWNERSHIP	SOCIAL SECURITY #
EMAIL ADDRESS :			
HOME ADDRESS		HOW LONG?	OWN RENT HOME TELEPHONE
PRINCIPAL'S NAME		% OF OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS		HOW LONG?	OWN RENT HOME TELEPHONE

BANK REFERENCES	BRANCH/CITY	TELEPHONE	CONTACT PERSON	ACCOUNT NUMBER

LOAN/LEASE REF'S	BRANCH/CITY	TELEPHONE	CONTACT PERSON	ACCOUNT NUMBER

TRADE REFERENCES	CITY/STATE	TELEPHONE	CONTACT PERSON

**IMPORTANT – PLEASE READ BEFORE SIGNING**

I UNDERSTAND THAT *In-Store Technology LLC* IS RELYING ON THIS INFORMATION IN EXTENDING ANY CREDIT AND I WARRANT IT TO BE TRUE.

I HEARBY AUTHORIZE *In-Store Technology LLC* OR ANY BANK AND/OR TRADE BUREAU OR OTHER INVESTIGATING AGENCY EMPLOYED BY *In-Store Technology LLC* TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR ANY OTHER PERSON PERTIANING TO MY CREDIT AND FINANCIAL RESPONSIBILITY. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED.

APPLICANT SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_