



1601 South "C" Street
 Port Angeles, Wa 98363
 phone 360-457-8581
 fax 360-457-8896
 www.angelesmillwork.com

3111 East Highway 101
 Port Angeles, Wa 98362
 phone 360-452-8933
 fax 360-452-8943
 www.hartnagels.com



Fax or deliver to either of our stores. **ACCOUNT APPLICATION** Date: _____

"A" Section (*) required for Cash Only Account "A,B&C" Sections required for Charge Accounts

A TYPE OF ACCOUNT: **Charge Account** * Credit Level Requested \$_____ (\$1000 if left blank)
 Cash Only Account **Prepaid (Declining Balance) Account**

* Company or Individual Name(s): _____
 * Mailing Address: _____
 * Physical Address (if different from above): _____
 * PHONE: Home: _____ Work: _____ Cell: _____ FAX: _____
 * Primary Email: _____ Secondary Email (optional): _____
 * Application is for a: Corporation Partnership Proprietorship Individual
 Type of Business: _____ Years in Business: _____
 (If applicable) UBI #: _____ WA State Contractor Lic. # _____

We are required to charge WA State Sales Tax unless you PROVIDE A COPY of your Reseller Permit. _____ Initial here

B INDIVIDUAL(S) OR PRINCIPALS OF COMPANY:

NAME	ADDRESS	TITLE/OCCUPATION	SOCIAL SECURITY NO. (REQUIRED)	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
CREDIT REFERENCES	ADDRESS	PHONE	CONTACT	
_____	_____	_____	_____	_____
BANK REFERENCE	ADDRESS	PHONE	CONTACT	CONSTR. LOAN? YES NO
_____	_____	_____	_____	_____

PRINT NAMES OF THOSE AUTHORIZED TO SIGN ON THIS ACCOUNT Changes will require your signature on an Account Change Form.

PLEASE PRINT _____

C NOTICE: The following agreement is provided for your information. Please read the agreement before signing!

CREDIT AGREEMENT: This agreement covers Angeles Millwork & Lumber Co., Inc., Hartnagel Building Supply, Inc. and any affiliates.

If this account is opened, I agree to the following terms:

- Our statements cut-off on the last day of the month. **Balance is due IN FULL by the 10th of the month following purchases.** _____ Initial here
- Past due accounts are automatically placed on a "NO CHARGE" hold at both stores, until payment is received. _____ Initial here
- Interest is charged at 18% per annum, 1.5% per month on past due accounts.
- Customer agrees to pay collection costs and/or attorney's fees in the event that collection efforts become necessary.
- Customer authorized release of credit information necessary for approval of this application.

I understand that **eStatements** will be **emailed** on the first work day of each month to the account owner and/or a bookkeeper and **invoices** are emailed throughout the month at the time of invoicing. **Opt out.** We prefer mailed paper statements. _____ Initial here

YES, please sign us up for **iNet** - online access to account balances and invoices (with the exception of 9-10pm daily for system maintenance).

I (we) certify that the above information is true and correct, and that we can comply with your terms. This application is to be signed only by those in a position to guarantee the performance of the applicant of the company. **APPLICATION PROCESSING IN SOME CASES MAY TAKE UP TO 2 WEEKS.**

Signature of Applicant(s) _____ **Print Name & Title** _____