



P.O. Box 506 Kirkland, WA 98083-0506
 425-822-1776 800-722-7743
 425-827-5791FAX

Confidential Credit Application

Date: ___/___/___

Account Type: Commercial Individual Pacific Pride

Full Name of Company/Individual

(____) (____)
 Telephone Fax Email

Billing Address City State Zip

Street / Delivery Address City State Zip

Years at this address Purchasing Contact Name (____) Telephone

Check appropriate box and provide information requested

- Single Entity not a Subsidiary Corporation Partnership
 Sole Proprietorship Other _____ Subsidiary of Parent Company

Tax Identification Number Years in Business Type of Business

Parent Company Name Address (____) Telephone

\$ Annual Sales Number of Employees Resale Number (if applicable, attach resale certificate)

Owner, Partners or Corp. Officer Name Title Social Sec. # Spouse's name

Home Address City State & Zip (____) Phone

Estimated Monthly Purchases you plan on making with Overlake Oil \$_____ Are you currently on the Pacific Pride Network Yes No
 Purchase Order Number Required Yes No

Payment due directly from our invoices as stated on each invoice at time of sale. All accounts with balances unpaid after 60 days will be placed on C. O. D. and must be reconsidered for credit terms. A late charge of 1.5% per month (18% per annum) will be charged on delinquent balances.

Applicant further agrees to pay all late charges, collection costs, including attorney fees and court costs in case it is necessary to take legal action to collect past due accounts.

I/We certify that all information on this application is complete and correct and that I/we fully understand your credit terms and agree to the proper payment in consideration of credit extended.

Signature Print name Title

Signature Print name Title



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Credit/Trade References

1) _____ (____) _____
 Company Name Street Address Phone
 _____ (____) _____
 Account Number City, State and Zip Code Fax

 Contact Name

2) _____ (____) _____
 Company Name Street Address Phone
 _____ (____) _____
 Account Number City, State and Zip Code Fax

 Contact Name

3) _____ (____) _____
 Company Name Street Address Phone
 _____ (____) _____
 Account Number City, State and Zip Code Fax

 Contact Name

4) _____ (____) _____
 Bank Name Street Address Phone
 _____ (____) _____
 Account Number City, State and Zip Code Fax

 Contact Name

The above mentioned bank and trade references are hereby authorized to release information on our account to Overlake Oil Inc. for the purpose of credit investigation.

Signature Print name Title

Company Name Date