

# F. C. BLOXOM COMPANY

P.O. BOX 3737  
SEATTLE, WA 98124  
PHONE: (206) 624-1000  
FAX: (206) 382-1315

## COMPANY INFORMATION

### INSTRUCTIONS

(PLEASE FAX OR MAIL TO THE ABOVE ALL THREE PAGES)

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER(S) ( ) \_\_\_\_\_

FAX NUMBER(S) ( ) \_\_\_\_\_

PROPRIETORSHIP:  PARTNERSHIP:  CORPORATION: .

TAXABLE:  NON-TAXABLE: .

RESALE CERTIFICATE NO. .

PACA LICENSE NUMBER: .

LENGTH OF TIME IN BUSINESS:  YEARS  MONTHS

### NAME OF OWNER, PARTNERS, OR OFFICERS:

NAME

TITLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## COMMERCIAL REFERENCES (PLEASE FAX OR MAIL TO THE ABOVE )

COMPANY NAME: \_\_\_\_\_

TRADE REFERENCE	
BUSINESS NAME: _____	TELEPHONE: (    ) _____
CONTACT: _____	FAX:            (    ) _____
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
COUNTRY: _____	

TRADE REFERENCE	
BUSINESS NAME: _____	TELEPHONE: (    ) _____
CONTACT: _____	FAX:            (    ) _____
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
COUNTRY: _____	

TRADE REFERENCE	
BUSINESS NAME: _____	TELEPHONE: (    ) _____
CONTACT: _____	FAX:            (    ) _____
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
COUNTRY: _____	

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## BANK REFERENCE

(FAX OR MAIL TO THE ABOVE)  
(FILL OUT ONE FORM FOR EACH BANK ACCOUNT PLEASE)

COMPANY NAME: \_\_\_\_\_

BANK REFERENCE			
BANK NAME: _____	BRANCH: _____		
<b><u>LIST ALL ACCOUNTS YOU HAVE WITH THIS BANKING INSTITUTION:</u></b>			
ACCOUNT NUMBER: _____	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	OTHER <input type="checkbox"/>
ACCOUNT NUMBER: _____	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	OTHER <input type="checkbox"/>
ACCOUNT NUMBER: _____	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	OTHER <input type="checkbox"/>
CONTACT: _____	TELEPHONE: (    ) _____		
ADDRESS: _____	FAX: (    ) _____		
CITY: _____	STATE: _____	ZIP: _____	
COUNTRY: _____			

**THIS LETTER WILL SERVE AS AUTHORIZATION FOR THE ABOVE LISTED BANK TO RELEASE FINANCIAL INFORMATION TO F.C. BLOXOM COMPANY.**

WE UNDERSTAND AND AGREE THAT THE INFORMATION FURNISHED YOU ON THIS PAGE IS FOR THE PURPOSE OF OBTAINING CREDIT FROM OUR FIRM; THAT I/WE AM/ARE AUTHORIZED IN MY/OUR CAPACITY, TO BIND MY/OUR FIRM ACCORDINGLY. I/WE FURTHER UNDERSTAND AND AGREE THAT ALL ACCOUNTS OR MONIES DUE YOU SHALL BE DUE AND PAYABLE AT THE PAYMENT ADDRESS SHOWN ON YOUR STATEMENT AND THAT I/WE FURTHER UNDERSTAND AND AGREE THAT SHOULD MY/OUR ACCOUNT NOT BE PAID WITHIN THE TERMS LISTED BY THE STATEMENT, A FINANCE CHARGE WILL BE ASSESSED AT THE RATE OF EIGHTEEN (18) PERCENT PER ANNUM OR THE MAXIMUM AMOUNT ALLOWED BY LAW FROM DATE OF SUCH STATEMENT. I/WE ALSO UNDERSTAND AND AGREE THAT IN THE EVENT MY ACCOUNT IS PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION, OR IF COLLECTED THROUGH BANKRUPTCY OR PROBATE PROCEEDING, I/WE AGREE TO REIMBURSE F. C. BLOXOM COMPANY FOR ALL COLLECTION COSTS.

**PLEASE ATTACH A COPY OF YOUR LATEST FINANCIAL STATEMENT.**

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(AUTHORIZED SIGNATURE)

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(AUTHORIZED SIGNATURE)

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(AUTHORIZED SIGNATURE)