



NEWAVE TC - WASHINGTON LLC  
Attn: Billing Office  
10910 Portland Rd. NE  
Brooks, OR 97305  
971-239-4764

NEWAVE TC - WASHINGTON, LLC  
Warehouse Location  
3413 Chapel Street  
Building 3, Suite A & B  
Lakewood, WA 98439  
253-200-0420

## CREDIT APPLICATION

Fill out and return to [Maria@ValleyFabCorp.com](mailto:Maria@ValleyFabCorp.com) or by Fax: 503-715-1292

### Company Information

Legal Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Business Type: ☐ Sole Proprietorship ☐ Corporation  
(Please Check One) ☐ Partnership ☐ LLC  
Federal Tax ID: \_\_\_\_\_  
Business Description: \_\_\_\_\_

### Accounts Payable Information

AP Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Billing Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

### Ownership Information

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Other Officers: \_\_\_\_\_

### Bank References

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of Bank Officer or Representative: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete back of form

## Trade References

Company Name: _____	Contact Name: _____
Email: _____	Phone: _____ Account Number: _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____

Company Name: _____	Contact Name: _____
Email: _____	Phone: _____ Account Number: _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____

Company Name: _____	Contact Name: _____
Email: _____	Phone: _____ Account Number: _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____

## Certification



Please  
Initial  
Here

I hereby certify that the information contained herein is complete and accurate and made for the purpose of obtain credit from Newave Tower Components-Washington, LLC. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

## Terms & Conditions

I agree to repayment in accordance with Newave Tower Components-Washington, LLC's terms, that all invoices past 60 days will be subject to 1.8 % past due charge. In the event of legal action, I agree to reimburse Newave Tower Components-Washington, LLC, for costs of collection, including reasonable attorney fees and court costs.

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

\_\_\_\_\_  
Authorized Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## Personal Guarantee

The undersigned individual(s), partners or stockholders, in consideration for the granting of credit to the above referenced commercial enterprise by Newave Tower Components - Washington, LLC, do hereby agree to personally guarantee all obligations incurred by the Company whenever the Company shall fail to pay the same. The undersigned is authorizing Newave Tower Components - Washington, LLC to obtain a consumer credit report It is also understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company.

I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement guaranteed. The undersigned also agrees to pay all attorneys' fees and court cost that may be incurred in connection with the efforts to collect, together with all costs incurred should legal action or suit be necessary to collect this debt. This guarantee shall be governed by Washington law, all disputes will be tried by appropriate courts in Pierce County, Washington and guarantor hereby consents and submits to the jurisdiction and venue of said court over his/her person.

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

\_\_\_\_\_  
Authorized Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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