



CLIENT PROFILE

Confidential Customer Credit & Service Application

GENERAL APPLICATION FOR REPAIR SERVICE

DEPARTMENT / COMPANY NAME: _____

CHIEF'S / OWNER'S NAME: _____

BILL TO: _____

PHONE: _____

FAX: _____

SHIP TO: _____

E-MAIL: _____

WEB: _____

APPLICANT IS A: EMERGENCY DEPARTMENT CORPORATION OTHER

SHIP TO LOCATION: EMERGENCY DEPT. COMMERCIAL RESIDENTIAL RURAL

SALES TAX EXEMPTION # _____

STATE OF TAX EXEMPTION _____

In consideration for credit extended, the undersigned individual contracts and guarantees payment, when due, of all accounts of the Company or Department. The undersigned individual expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment, notice of default by the company or department seeking credit, and all other notices to which the company or department seeking credit might be entitled. Revocation of the guarantee shall be in writing and delivered by certified mail.

FAX BACK TO: 1-206-339-3776 or joel.godin@gmail.com

Authorized Signature

Title

Date

GODIN TECHNOLOGIES USE ONLY

APPROVED: _____ DECLINED: _____

BY: _____

CREDIT LIMIT: _____

DATE: _____