

By ION Corporation

Please print.

Return to: ION Corporation, P.O. Box 378, Kirkland, WA 98083

Business Name: _____

Phone: (____) _____ Fax: (____) _____ www. _____

Address: _____

City: _____ State: _____ ZIP: _____

Principal Owners: (1) _____ Title: _____

(2) _____ Title: _____

Accounts Payable Contact: _____ Phone: (____) _____

Type of business: _____ Corporation, _____ Partnership, _____ Sole Owner

State Tax ID # _____, **Federal Tax ID #** _____

Years in business: _____, Number of locations: _____, Number of employees: _____

Description of business (Merchandise sold, Sq. Footage, etc.): _____

Other lines carried: _____

Name of Bank: _____, Address: _____

Account Manager: _____, Phone: (____) _____

Credit Trade References:	Company	Contact Name:	Phone:
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

Preferred method of payment:

[____] Check: (____ Company, ____ Personal)

[____] Credit Card (__ VISA, __ MasterCard): [____] [____] [____] [____]

Expiration Date: [____] [____] Signature for file: _____

TERMS: ION Corporation terms of sale to approved credit accounts are net 30 days from the date of invoice. 2% interest per month is charged on overdue balances, (24% per annum). NSF Checks are subject to a minimum \$15.00 surcharge and may affect credit account status.

CONSENT CLAUSE: I hereby state that the information on this form is correct to the best of my knowledge and agree to comply and accept the terms as stated. I further authorize ION Corporation to obtain such credit reports and / or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

SIGNATURE: _____, **TITLE:** _____, **DATE:** _____