



**COLORADO
STEEL SASH**

COD ACCOUNT APPLICATION

Seattle: 6250 Ellis Ave S • Seattle, WA 98108 • 206-764-9400 Fax: 206-764-9401
Portland: 16708 SW 72nd • Portland, OR 97224 • 503-598-0191 Fax: 503-684-8108

Email Completed Application To: aprilm@coloradosteelsash.com

Date: _____

Company Name: _____

Mail to Address: _____

Ship to Address: _____

Phone Number: _____
Fax Number: _____

Federal ID#: _____
Reseller Permit #: _____

Owner Name: _____
Address: _____

Phone Number: _____

Number of years in Business: _____

I (we) hereby make application for an open account with Colorado Steel Sash Co. Inc, and agree to their terms. I (we) agree to pay all invoices in accordance with the terms so stated on such invoices. I (we) agree to pay for all court costs, including a reasonable attorney fee which may be incurred in collecting a delinquent account.

Signature: _____
Title: _____

Print Name: _____



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PURCHASE AGREEMENT

I (we) promise to pay each invoice in full within (30) days of the date of invoice, or as specified in terms and conditions of a separate written contract. If, however, this account is not paid as agreed, a delinquency charge shall accrue on the amount of the unpaid balance at the end of the month following the date of invoice. The delinquency charge shall be computed at the rate of 18% per annually on the unpaid balance or at the highest rate of interest allowed by applicable law, for loans or forbearance of money, whichever is less; provided, said charge shall be computed at a rate not less than (12%) per annually. We agree to give written notice to Colorado Steel Sash Co. Inc, prior to sale or transfer of all or substantially all of the stock or assets of our business; if we fail to do so, then we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business. If this account is placed in the hands of a licensed collection agency, I (we) then agree to pay you, as liquidated damages in addition for the forgoing, an amount equal to the amount charged you on said collection by such collection agency, not exceeding, however (35%) of the amount unpaid thereon, together with such reasonable attorney fees as may be incurred in connection with the collection.

This agreement is governed by the sate of Washington law, without regard to conflict of laws.

I (we) hereby certify that the above information is true and correct to the best of my (our) knowledge. You are hereby authorized to contact any or all of the above references regarding our credit history. I understand the above stated credit terms and policy as stated and agreed to.

By: _____
Print Name: _____
Title: _____
Date: _____