

Maxon Furniture Inc.



Financial Services Application

Please complete and send to: 660 SW 39th Street, Suite 150; Renton, WA 98057; fax: 253.395.4194

Information given by the undersigned will be held in strict confidence and will be used solely by Maxon Furniture Inc. for the purpose of extending credit.

➔ Applicant Information:

Name of Applicant: _____

Trade Name (if any): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Billing address (if different): _____

City: _____ State: _____ Zip Code: _____

Business is: Incorporated Sole Proprietorship Partnership
 LLC LLP Not-for-Profit Organization

Date Business Established: _____ Date of Incorporation (if applicable): _____

State of Incorporation: _____ Federal ID Number: _____

➔ Principal Owners, Officers & Partners: (Please attach separate sheet with additional information, if necessary.)

Name: _____ Title: _____

Home Address: _____ SSN: _____

Name: _____ Title: _____

Home Address: _____ SSN: _____

➔ Credit References:

Trade Reference Name & Address: _____ Phone: _____ Fax: _____

Trade Reference Name & Address: _____ Phone: _____ Fax: _____

Trade Reference Name & Address: _____ Phone: _____ Fax: _____

Bank Reference Name & Address: _____

Bank Phone: _____ Bank Account Number: _____

➔ additional information required:

➔ A copy of your Resale Tax Certificate

➔ Current Financial Statement

Applicant certifies that all information contained herein and any financial information submitted is true and correct. Applicant grants permission to Maxon Furniture Inc. to obtain independent credit reports or consumer credit reports and other information from its references and bank, and authorizes the credit references and bank reference to release information to Maxon Furniture Inc. that may be used to determine credit worthiness. Applicant agrees to pay all bills as rendered, and agrees that overdue accounts are subject to monthly service charges of 18% per annum. Applicant agrees to be liable for all internal and external collection costs and/or attorney's fees in connection with any Delinquency placed for collection by Maxon Furniture Inc. The laws of the State of Washington shall govern all contracts entered into between Applicant and Maxon Furniture Inc., and all disputes may be resolved within the Courts within the State of Washington.

MAXON Credit Policy

1. All accounts must complete in full this confidential application.
2. Until credit availability is determined, new accounts may prepay their orders (Visa and Mastercard accepted).
3. Maxon Furniture Inc. reserves the right to hold orders when there is a past due balance.
4. The undersigned agrees to be bound by all of the terms and conditions contained in this credit application, the Maxon Furniture Inc. Dealer Agreement and any documents referenced in this credit application or any supplements.
5. To be considered, the MAXON Financial Services Application must be signed.

Company: _____ Signature: _____

Print Name: _____ Title: _____ Date: _____

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, OR AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS, IN GOOD FAITH, EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Terrill Nicholls, Maxon Furniture Inc., 660 SW 39th St, Suite 150; Renton, WA 98057; p. 253.395.4182 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.