

Dale Hanson Studios  
P.O. Box 2870  
Sitka. Alaska 99835  
(907) 747-6498

# Credit Application

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New \_\_\_\_\_ Update \_\_\_\_\_ Date \_\_\_\_\_

Account Name \_\_\_\_\_ Account \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

How long at this location, by this owner? \_\_\_\_\_

If less than one year, list previous business and location. \_\_\_\_\_

**Contacts:**

Account payable \_\_\_\_\_ Telephone \_\_\_\_\_

Buyer \_\_\_\_\_ Telephone \_\_\_\_\_

**Bank Account Listing:**

1. \_\_\_\_\_  
Name Address, City, State, Zip Phone# Contact
2. \_\_\_\_\_

**References:**

Please list three businesses with complete address that maybe contacted for credit information with whom you have done business in the last year.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

D & B Listed? \_\_\_\_\_ Rating: \_\_\_\_\_

The undersigned authorizes inquiry as to credit information and expressly agrees to make payment in full to Dale Hanson Studios for all purchases in accordance with invoices(s) and agrees to pay for all delinquent payment. The undersigned further agrees to pay reasonable attorney fees, venue and jurisdiction of the court of the State of Alaska, and all other costs and expenses incurred in the collection of this amount.

Terms are net payable in 30 days with established credit. 1.5% service charge monthly to put due accounts. Breakage in transit should be referred to the carrier for compensation.

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Signature of Applicant

Date