



PASHA HAWAII CUSTOMER CREDIT APPLICATION

Credit Line Requested: _____

Date: _____

Pasha Business Unit: _____

CUSTOMER INFORMATION			
CUSTOMER NAME: _____			
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP CODE: _____	
BILLING CONTACT: _____		PHONE: _____	
BUSINESS TAX ID: _____		DUNS #: _____	
YEARS IN BUSINESS: _____	BANKRUPT IN PAST 3 YEARS:		<input type="checkbox"/> YES <input type="checkbox"/> NO

BANK REFERENCE			
BANK NAME: _____		ACCOUNT #: _____	
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP CODE: _____	
CONTACT: _____		PHONE: _____	

TRADE REFERENCES

REFERENCE 1	
COMPANY NAME: _____	
ADDRESS: _____	
CONTACT: _____	PHONE: _____

REFERENCE 2	
COMPANY NAME: _____	
ADDRESS: _____	
CONTACT: _____	PHONE: _____

REFERENCE 3	
COMPANY NAME: _____	
ADDRESS: _____	
CONTACT: _____	PHONE: _____

In consideration for extension of credit, debtor agrees to (1) pay per the agreed upon terms, and (2) in the event it becomes necessary for creditor to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorneys fees. The signature below authorizes the creditor to charge interest on outstanding balances past the agreed upon terms at a rate of the lesser of 1.5% per month (18% per annum) or the maximum permitted by law. All claims, request for adjustments, or notification of errors must be made in writing to Collection Dept. within thirty days or charges are considered accepted. Credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

We hereby authorize the above listed Trade and Bank References to release information to The Pasha Group for use in the evaluation of the request for credit.

Authorized Signature: _____

Date: _____

Title: _____

Customer – please return completed application to the Pasha Sales Representative

Pasha Hawaii

Name: _____	FAX #: _____
Phone Number: _____	