



# CLIENT PROFILE

Confidential Customer Credit & Service Application

## GENERAL APPLICATION FOR REPAIR SERVICE

DEPARTMENT / COMPANY NAME: \_\_\_\_\_

CHIEF'S / OWNER'S NAME: \_\_\_\_\_

BILL TO: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_

FAX: \_\_\_\_\_

SHIP TO: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

WEB: \_\_\_\_\_

APPLICANT IS A:  EMERGENCY DEPARTMENT  CORPORATION  OTHER

SHIP TO LOCATION:  EMERGENCY DEPT.  COMMERCIAL  RESIDENTIAL  RURAL

SALES TAX EXEMPTION # \_\_\_\_\_

STATE OF TAX EXEMPTION \_\_\_\_\_

In consideration for credit extended, the undersigned individual contracts and guarantees payment, when due, of all accounts of the Company or Department. The undersigned individual expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment, notice of default by the company or department seeking credit, and all other notices to which the company or department seeking credit might be entitled. Revocation of the guarantee shall be in writing and delivered by certified mail.

FAX BACK TO: 1-206-339-3776 or joel.godin@gmail.com

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Print Name Here: \_\_\_\_\_

### GODIN TECHNOLOGIES USE ONLY

APPROVED: \_\_\_\_\_

DECLINED: \_\_\_\_\_

BY: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_

DATE: \_\_\_\_\_