



Traffic Control Services  
 P.O. Box 52665  
 Bellevue, WA 98015-2665  
 425-746-1060  
 Fax 425-746-0465

**CONFIDENTIAL  
 CREDIT APPLICATION**

**COMPANY NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP:** \_\_\_\_\_  
**PHONE NO.** \_\_\_\_\_ **FAX NO.** \_\_\_\_\_

**Business Type:**

Sole Proprietorship  Partnership  Corporation  LLC  Municipality

License # \_\_\_\_\_ State of \_\_\_\_\_ Number of Years in Business \_\_\_\_\_

**NAME /TITLE OF CORPORATE OFFICERS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NAME OF PERSON TO CONTACT REGARDING INVOICE PAYMENTS:**

\_\_\_\_\_

**BANK REFERENCE:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACCOUNT NUMBER, CONTACT, & PHONE NUMBER**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TRADE REFERENCE: COMPANY NAME/PHONE NUMBER/CONTACT PERSON**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

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