Washington Mutual

APPLICATION FOR STANDBY LETTER OF CREDIT

Please complete the form, print, sign and fax to: 206-490-8265

TO: ☐ Washington Mutual Bank (Co.1) ☐ Washington Mutual Bank, FA (Co.2)
☐ Washington Mutual Bank, fsb (Co.40) ☐ Other _____

Please issue on our behalf an irrevocable letter of credit on the following terms and conditions.

DATE	CUSTOMER REFERENCE	L/C NUMBER (BANK USE)	CURRENCY AND AMOUNT	EXPIRY DATE
				For Presentment at Issuing Bank's International Banking counters unless otherwise specified.

ISSUE BY: ☐ Full Transmission ☐ Courier
☐ FAX Copy to: _____ Attention: _____

ACCOUNT PARTY (NAME & ADDRESS)	BENEFICIARY (NAME & ADDRESS)
ADVISING BANK (IF APPLICABLE)	☐ PLEASE ISSUE THE CREDIT IN THE FORM OF THE ATTACHED DOCUMENT.

PARTIAL DRAWINGS ☐ YES ☐ NO	MULTIPLE DRAWINGS ☐ YES ☐ NO

AVAILABLE BY BENEFICIARY'S DRAFT(S) AT SIGHT ON YOU OR YOUR CORRESPONDENT AT YOUR OPTION (OR YOU MAY WAIVE DRAFT REQUIREMENT), ACCOMPANIED BY THE FOLLOWING DOCUMENTS:

SPECIAL CONDITIONS

FIRST TIME APPLICANTS: THIS APPLICATION MUST BE ACCOMPANIED BY AN EXECUTED CONTINUING AGREEMENT FOR STANDBY LETTERS OF CREDIT.

Applicant agrees to all terms and conditions set forth above and in the most recent Continuing Agreement for Standby Letters of Credit executed by Applicant.

APPLICANT'S NAME			TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE	ZIP
AUTHORIZED SIGNATURE X		TITLE	

ADMINISTRATIVE USE ONLY	Applicant's signature is verified and authority to sign is confirmed. This extension of credit is approved in accordance with the Bank's current requirements.	
OFFICER'S SIGNATURE X	OFFICER'S NAME & NUMBER (PLEASE PRINT)	FEE – STANDARD UNLESS NOTED ☐ Other _____
MAILSTOP	COMPANY/COST CENTER	TELEPHONE NUMBER