



Credit Application

9111 N Vancouver Ave

Portland OR 97217

1-800-547-1522

abros.com

503-285-4511

Fax 503-978-0995

Business Data

Legal Name of Company	
DBA(s) or Trade Style	

Mailing Address:	City/St/Zip:	
Phone:	Fax:	Email:
Accounts Payable Contact Name:		
Shipping Address:	City/St/Zip:	
How would you like to receive your invoices and statements? <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> US Mail		
Applicant is a: <input type="checkbox"/> Corporation* <input type="checkbox"/> LLC* <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		
Other:	*State and date of incorporation/formation:	
FEIN:		

Owner(s)/Officers/Managers

Name:	Title:	SS#
Address:		City/St/Zip:
Type of Business:	Years in Business:	

Trade References

Business Name:	Acct#
Address:	City/St/Zip
Phone:	Fax:

Business Name:	Acct#
Address:	City/St/Zip
Phone:	Fax:

Business Name:	Acct#
Address:	City/St/Zip
Phone:	Fax:

Bank References:

Name Of Bank:	Contact:	Phone #
Address:		City/St/Zip
Fax #	DDA's <input type="checkbox"/> Yes <input type="checkbox"/> No	Loans <input type="checkbox"/> Yes <input type="checkbox"/> No
Does a bank, insurance company, or other creditor hold a security interest in your accounts receivable, and/or inventory for loans advanced? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please state names of security interest holder(s):		

The Applicant hereby authorizes the above banks to release all information requested. It is understood that all information will be kept confidential

The representations provided in this Application are complete and accurate. I understand the information provided will be relied upon in the evaluation and extension of credit terms. I authorize the release of information by creditors listed above as well as other suppliers. The terms and conditions of this Application shall, upon extension of credit by the Company, constitute an agreement of sale. The Applicant agrees to be bound to the terms and conditions stated in this Application. The Applicant states that credit will be used for commercial purposes only and not for personal, family or household use. Payment for all sales of goods or services will be according to the terms stated on the Company's Invoice. The failure to pay on the due date of each invoice shall deem the debt to be delinquent. In the event of a delinquency, the Company may impose a late charge of one and one-half percent per month on the delinquent balance until paid, In the event of a delinquency; the Company may recoup any discounts to be applied to the Applicant's debt. In the event of a delinquency, all collection expenses, including collection agency fees and costs, regardless of whether legal action was files with any court or arbitrator or arbitration panel, and attorney's fees in connection with the collection of the delinquent debt shall be due and payable by the Applicant. The interpretation of this agreement shall be subject to the laws of the State of Oregon, and any necessary legal action shall be brought in Multnomah County, Oregon.

The Company and the Applicant agree that any claim or dispute between or among them, their agents, employees, successors or assigns, related to this Application, the credit extended thereafter or otherwise(Other than the exercise of rights under the security interests created by purchases or otherwise), including disputes related to the applicability of this Agreement, regardless against whom made, shall be resolved by binding arbitration by under either (a) the Code of Procedure of the National Arbitration Forum or (b) American Arbitration Association. This Agreement shall be subject to and interpreted under the Federal Arbitration Act.

Signature _____ Date _____

Printed Name of signer _____ Title _____



New Customer Account Setup

Company Contact Information (Corporate Office)		
Company Name:		
Dba/Mailing Name (If Different)		
Billing Address:		
City:	State:	Zip:
Physical / Shipping Address:		
City:	State:	Zip:
Accounts Payable Information:		
Accounts Payable Contact Name:		
Phone:	E-Mail:	Fax:
Invoices and statements should be sent by: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> US Mail		Email/Fax we need to send Invoices/Statements:
Other Shipping Locations:		
Branch/Location Name:	Shipping Address:	Phone:
Please Provide the Following Documents: (If Applicable)		
W-9 Taxpayer Identification Number/Cert.	Check if Included	
Reseller Permit/Exemption Certificate	Check if Included	
Signature of applicant:		Date: