



Credit Application

Business Data				
Legal Company Name:				
DBA or Trade Style (If Different)				
Mailing Address				
City:	State:	Zip:		
Accounts Payable Contact Name				
Shipping Address				
City:	State:	Zip:		
How would you like to receive your invoices and statements?				
<input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> DUS 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		SSN
Address		City		State Zip
Type of Business			Years in Business	
Trade References				
Business Name			Account #	
Address			Phone	
City	State	Zip	Fax #	
Business Name			Account #	
Address			Phone	
City	State	Zip	Fax #	
Business Name			Account #	
Address			Phone	
City	State	Zip	Fax #	



Bank References							
Name of Bank			Contact				
Address			Phone				
City			Fax #				
State	Zip	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 wa" 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 of applicant	Date
Print 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		Fax		E-mail	
Invoices and statements should be sent by				E-mail / Fax we need to send invoices and statements to	
Email	Fax	US Mail		E-mail	
Other Shipping Locations					
Branch/Location Name		Shipping Address			Phone
Please Provide the Following Documents (If Applicable)					
W-9 Taxpayer Identification Number/Cer					Included
Reseller Permit / Exemption Certificat					Included

Signature of applicant

Date