



Credit Application

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Portland OR 97217

503-285-4511

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abros.com

Business Data

Legal name of company: _____

D/B/A(s) or Trade style(s): _____

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? Fax Email US Mail

Applicant is a Corporation* LLC* Partnership 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: _____ Act#: _____

Address: _____ City/St/Zip _____

Phone: _____ Fax: _____

Business Name: _____ Act#: _____

Address: _____ City/St/Zip _____

Phone: _____ Fax: _____

Business Name: _____ Act#: _____

Address: _____ City/St/Zip _____

Phone: _____ Fax: _____

Bank References

Name of Bank: _____ Contact: _____ Phone#: _____
Address: _____ City/St/Zip _____
Fax#: _____ DDA's: Yes No Loans Yes No

Does a bank, insurance company, or other creditor hold a security interest in your accounts receivable, and/or inventory for loans advanced ___ Yes ___ 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 Code:	
Physical / Shipping Address:			
City:	State:	ZIP Code:	
Accounts Payable Information			
Accounts Payable Contact Name:			
Phone:	E-mail:	Fax:	
Invoices and statements should be sent by :		Email / Fax we need to send Invoices and Statements to :	
Email	Fax	US Mail	(Please circle)
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	<input type="checkbox"/>	
Reseller Permit/ Exemption Certificate	Check if included	<input type="checkbox"/>	
Signature of applicant:			Date: