



90500B Hwy 99N  
Eugene, OR. 97402  
Office/Shop 541-344-1466  
Office Fax 541-689-0802  
Shop Fax 541-344-7161

## Business Credit Application

### Name/Address

Name of Business:	Tax I.D. Number:		
Shipping Address:			
City:	State:	ZIP:	Phone: Fax:
Billing Address:			
City:	State:	Zip:	Phone: Fax:

### Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:			
LLC <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:	In Business Since:		
Name of Person In Charge of Accounts Payable:	Title:		
Phone:	Email:	Fax:	

### Invoice Information

Purchase Order Required? _____	Send Invoices: Fax _____ Email _____ Mail _____		
Purchasing Contact:	Phone:	Fax:	Email:
Purchasing Contact:	Phone:	Fax:	Email:
Purchasing Contact:	Phone:	Fax:	Email:

### Bank References

Institution Name:	Institution Name:
Checking Account #:	Savings Account #:
Address:	Address:
Phone:	Phone:

### Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:            Fax:	Phone:            Fax:	Phone:            Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Terms and Agreement

Please Read Carefully

We agree to pay all invoices in accordance with your terms of NET 30 Days from INVOICE DATE. Past due invoices are subject to a 1 ½% monthly service charge equal to annual percentage rate of 18%. If account becomes 45 days past due, it will be placed on a COD only until brought to a current status. All returned checks will incur a \$50.00 fee. Should suit or collection be instituted in collection of our debt, we hereby agree to pay all reasonable collection expenses, attorney's fees and court cost incurred in the enforcement of the obligations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date