

Open an account in:

Portland

Bend



CREDIT APPLICATION

PO Box 5487, Portland, OR 97228
Ph: 503.227.3424 Fax: 503.223.4254

Firm Name _____ Phone: _____

Billing Address _____ Fax: _____

Shipping Address _____ Email: _____

City _____ State _____ Zip _____ Salesperson _____

Type of Business _____ Branch _____

Type of Organization: Corporation Partnership Individual or Sole Proprietor

Corporate Officers, Proprietor or Partners **Fed. Tax ID.** _____ **S.S. #** _____

Name Title

(1) _____

(2) _____

(3) _____

Number of Years in Business _____ State of Incorporation _____

Do you use Purchase Orders? _____ Auth. Persons _____ Resale No. _____

Accounting Contact Person: _____

TRADE REFERENCES (Give only names of those you buy from on open account)

Name _____ Telephone _____

Address _____ **FAX** _____

City _____ State _____ Zip _____

Name _____ Telephone _____

Address _____ **FAX** _____

City _____ State _____ Zip _____

Name _____ Telephone _____

Address _____ **FAX** _____

City _____ State _____ Zip _____

BANK REFERENCES

Estimated line of credit required: \$ _____

Bank _____ Account Number _____

Address _____ Contact _____ Telephone _____

The above information is submitted for the purpose of obtaining credit from ARC Oregon and is warranted to be true. Applicant signature attests to financial responsibility, ability and willingness to pay all invoices in accordance with invoice terms.

Terms of Payment: All invoices are due and payable Net 30 Days. A monthly late charge of **1.5%** will be assessed on any outstanding balance remaining unpaid 30 days after statement date.

Collection of Accounts: In the event ARC Oregon is compelled to place this account with a collection agency, or file suit to enforce collection, I/we agree to pay all reasonable collection and attorneys' fees, and actual court costs associated. Upon default of any sum due under this agreement, the entire unpaid balance shall, at the option of ARC Oregon, become immediately due and payable. Should litigation be filed to enforce any of the agreements contained herein, I/we agree to jurisdiction and venue in Multnomah County, Oregon.

Authorization: I/we authorize ARC Oregon to request all necessary financial information from the banking & trade references listed above. I/we authorize the banking, trade references & credit bureaus to accept copies of this application as authorization to release financial and credit information on the account's name.

The undersigned warrants that he/she is authorized to sign on behalf of the company. The undersigned warrants they fully understand ARC Oregon's credit terms and agree to the proper payment in consideration of extended credit. Please Note: This Application must be signed by a Firm Partner, Corporate Officer or Sole Proprietor.

Authorized Signature: _____ Title: _____

Please Print Name: _____ Date: _____