



7373 SE Milwaukie Expressway  
 Milwaukie, Oregon 97222  
 P. O. Box 68348; Portland, OR 97268  
 (503) 659-5438 Fax: (503) 653-6966  
 1-800-452-0050

**FOR OFFICE USE ONLY**

Requester	Department
Frank Stevens	Equipment Sales
Approved	Rejected
Date	PO Required
Credit Limit	Customer Nbr

How Applied

By Mail     In Person  
 By Fax     By e-mail

**CONFIDENTIAL CREDIT APPLICATION**

Credit Applicant's Complete Legal Name		Phone Number	Current DBA (If Applicable)		
Street Address		City	County	State	Zip
Billing Address (If Different)		City	County	State	Zip
Former Business Name /Address (If Applicable)		Person to Contact for Payments		Purchase Order Required	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ownership Information		Type of Business			
<input type="checkbox"/> LLC	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		
State of Incorporation	Year Incorporated	Years In Current Business		Business Seasonality,	
Amount of Credit Requested	Annual Sales Amount	No. of Employees	Fed ID Number	WA Resale Tax or Permit No	

**NAMES, ADDRESSES AND SOCIAL SECURITY NUMBERS OF INDIVIDUALS/PARTNERS REQUIRED**

Name	Title	SS Number	Mailing Address
Name	Title	SS Number	Mailing Address
Name	Title	SS Number	Mailing Address

HAS THIS CREDIT APPLICANT, ANY PREDECESSOR BUSINESS OR ANY OF ITS OFFICERS OR PARTNERS EVER SOUGHT PROTECTION THROUGH BANKRUPTCY PROCEEDING?  NO / YES  IF YES EXPLAIN:

**NAMES AND TITLES OF CORPORATE OFFICERS REQUIRED**

Name	Title
Name	Title
Name	Title

**CREDIT REFERENCES**

Bank Reference		Branch	
Checking Account Number	Savings Account Number	Telephone Number	Contact Person
Trade Reference		Telephone Number	Fax Number
Address		Zip Code	e-mail Address
Trade Reference		Telephone Number	Fax Number
Address		Zip Code	e-mail Address
Trade Reference		Telephone Number	Fax Number
Address		Zip Code	e-mail Address
Trade Reference		Telephone Number	Fax Number
Address		Zip Code	e-mail Address

**CONDITIONS OF SALE AND TERMS OF PAYMENT**

In consideration for any extension of credit, purchaser agrees to the terms hereof and to the conditions of sale set forth on each invoice and terms are net 10 days unless otherwise specified. Purchaser also agrees to pay a service charge of one and one-half percent per month, (annual rate 18%) computed on the unpaid delinquent balance until the account is paid in full. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection. Accounts which reach 60 days are placed on C.O.D. at least until current. There is a \$20 fee for all checks returned NSF.

I certify that to the best of my knowledge the information contained on this page is complete and accurate and that I am not aware of any reason why this application should be rejected. Furthermore, I have read, understand and accept the terms and conditions of sale as contained herein.

DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_