



16387 SW O'Neill
Tigard, OR 97223

*** APPLICATION FOR CREDIT ***

(Please Print or Type)

<< COD REQUESTED >>

<< UPDATE ADDRESS / OWNERSHIP >>

<< UPDATE TERMS / CREDIT LINE >>

****Please check one box above****

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Type of Business: Distributor Fabricator Manufacturer Retailer Yrs. in Business: _____

Est. Annual Sales \$ _____ Number of Employees _____ Credit Line Desired \$ _____

Ownership: Proprietorship Partnership Corporation Federal Tax I.D. # _____

<u>Principal #1</u>	<u>Principal #2</u>
Name _____	Name _____
Title _____	Title _____
SS# _____	SS# _____
Home Address _____ _____	Home Address _____ _____
Home Phone _____	Home Phone _____

A/P Manager / Controller _____

Have you ever applied for credit from us under an existing or previous business name? Yes No

If yes: Company Name _____ account # _____

SHIPPING ADDRESS

Name _____

Address _____ City _____ State _____ Zip _____

BILLING ADDRESS

Name _____

Address _____ City _____ State _____ Zip _____

Contact Name (Please Print) _____ E-Mail Address _____

Web-Site: _____

Trade References – Please provide 3

Name: _____ Account # _____
Address: _____ City _____ State _____ Zip _____
Phone(____) _____ - _____ Fax (____) _____ - _____ High Credit: \$ _____ How Long Doing Business?: _____

Name: _____ Account # _____
Address: _____ City _____ State _____ Zip _____
Phone(____) _____ - _____ Fax (____) _____ - _____ High Credit \$ _____ How Long Doing Business?: _____

Name: _____ Account # _____
Address: _____ City _____ State _____ Zip _____
Phone(____) _____ - _____ Fax (____) _____ - _____ High Credit: \$ _____ How Long Doing Business?: _____

Banking Information

Bank Name _____
Address _____ City _____ State _____ Zip _____
Account # _____ Savings Checking Account # _____ Savings Checking
Line of Credit? No Yes \$ _____

PERSONAL CREDIT CHECK/BANK REFERENCES

Your signature here authorizes 1stSeniorCare to view your personal Credit Bureau Report _____
Signature of person authorizing _____ Social Security Number _____ Date _____

Your signature here authorizes the above named bank to release financial information to 1stSeniorCare. _____
Signature of person authorizing _____

TERMS OF SALE

Conditions: Payment terms are Net 30 days upon credit approval. Additional terms of sale including terms of payment and allowable discounts for each purchase are agreed to below as well as those specified on the face of each invoice. Balances carried past the due date or over established credit line will cause new orders to be held out of production. The customer hereby agrees to pay all collection and legal fees if such action be necessary, as well as 1.5% per month / 18% per annum interest on any past due invoices, as well as any Non-sufficient fund charges as allowed by law in the event of a returned check. Property and products sold in association with extending credit to the applicant remains under the ownership of creditor until fully paid for. I have read these conditions and hereby agree to them.

Signature of Company Officer and Title _____ Date: _____

PERSONAL GUARANTEE

In consideration of credit being extended by [Creditor Name] to the above named appreciate for merchandise to be purchased whether appreciate be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor(s) hereby contract and guarantee to [Creditor Name] the faithful payment, when due, of all accounts of said applicant for purchases made. Payment shall be personally guaranteed irrespective of status or change in existing business of which the undersigned is a principal (owner, partner or officer).

In addition to guaranteeing full payment, the undersigned agrees to reimburse 1stSeniorCare for any and all expenses incurred in the collection of said indebtedness, including, but not limited to, legal fees, expenses and interest at the maximum legal rate permitted by state.

Signature 1 _____ Date: _____

Signature 2 _____ Date: _____

Please attach Resale Sales Certificate, if applicable. Failure to provide Resale Certificate and Trade References will delay credit processing