



CREDIT APPLICATION

Mail or FAX to:

PLUS Corporation of America
9655 SW Sunshine Court, Suite 300
Beaverton, OR 97005

Ph: 1-800-211-9001
FX: 503-748-8715
www.plus-america.com

Name: Accounting PLUSaccounting@plus-america.com Title: AR Manager

Legal Business Name: Ph:
FX#: Other #s: Email:
Billing Address:
City: State: Zip: Country:
() Corporation () Limited Partnership () General Partnership () Division () Individual () Subsidiary Of
Parent Company Name:
Does Parent Company Guarantee Debts? Yes() No() # () (If Yes, Please Furnish details)
Address:
City: State: Zip: County:
Type Of Business: D&B Listed Yes/# A/P Account: Yes/#

If Partnership Or Corporation, List Names And Titles Of Partners Or Officers.

Name: Title: Ph/FX/Email:
Name: Title: Ph/FX/Email:

Bank References

Please Include Account Numbers

Bank Name: Account Officer:
Address: City: State: Zip:
Country: Ph: FX: Email:
Checking Acct. #: Loan Acct. #:
Bank Name: Account Officer:
Address: City: State: Zip:
Country: Ph: FX: Email:
Checking Acct. #: Loan Acct. #:

Credit References

Please Provide The Following Information On Four Of Your Present Suppliers

Name: Ph: FX: Email:
Address: City: State: Zip:
Country: Contact/Acct. #:
Name: Ph: FX: Email:
Address: City: State: Zip:
Country: Contact/Acct. #:
Name: Ph: FX: Email:
Address: City: State: Zip:
Country: Contact/Acct. #:
Name: Ph: FX: Email:
Address: City: State: Zip:
Country: Contact/Acct. #:

I understand that completion of this application does not guarantee credit approval. By signing this application, I also give approval for PLUS Vision Corp. to complete credit check processing with listed trade/banking references and parent or associated companies. Should a collection agency be used to collect payment, it is understood the corporation, for which I am signing for, will be held responsible for any collection fees, attorney fees and court costs if applicable.

Signature/Title: _____ Date: _____