



# CREDIT APPLICATION FORM

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:  
FAX: 503-282-2606 RACHEL@PACIFICSERVICECENTER.COM

PH: 503-282-4607 FAX: 503-282-2606  
WWW.PACIFIC SERVICE CENTER.COM  
4030 NE BUFFALO ST. PORTLAND, OR 97211

## PACIFIC SERVICE CENTER

### BILLING ADDRESS

LEGAL NAME:	_____
TRADE NAME:	_____
ADDRESS:	_____
CITY, STATE, ZIP:	_____
TELEPHONE:	FAX:
_____	_____

### SHIPPING ADDRESS

COMPANY NAME:	_____
ATTENTION:	_____
ADDRESS:	_____
CITY, STATE, ZIP:	_____
TELEPHONE:	FAX:
_____	_____

### GENERAL INFORMATION

FEDERAL TAX ID:	COMPANY COMPOSITION:				
	INDIVIDUAL	PARTNERSHIP	LLC	CORPORATION	SUB-CHAPTER S CORP
PRINCIPAL / OWNER:	TITLE:	EMAIL:	PHONE / EXTENSION:		
PRINCIPAL / OWNER:	TITLE:	EMAIL:	PHONE / EXTENSION:		
ACCOUNTS PAYABLE CONTACT:	TITLE:	EMAIL:	PHONE / EXTENSION:		
ARE PREMISES LEASED:	AT PRESENT LOCATION SINCE: ___ / ___ / ___	AMOUNT OF CREDIT DESIRED: \$ _____			

### ORDERING INFORMATION

ARE WRITTEN PURCHASE ORDERS REQUIRED:	IS MERCHANDISE FOR RESALE:	RESALE NO (IF APPLICABLE ATTACH COPY OF CERTIFICATE)
YES NO	YES NO	_____

### BANK INFORMATION

BANK NAME:	BRANCH NAME:	BANK OFFICER / CONTACT:	PHONE / EXTENSION:	ACCOUNT NUMBER:
BANK ADDRESS:	CITY:	STATE:	ZIP:	ACCOUNT TYPE:
_____	_____	_____	_____	_____

### TRADE REFERENCES - (THREE REQUIRED)

CONTACT NAME:	TITLE:	PHONE / EXTENSION:	FAX:
CONTACT NAME:	TITLE:	PHONE / EXTENSION:	FAX:
CONTACT NAME:	TITLE:	PHONE / EXTENSION:	FAX:

### AGREEMENT:

All accounts are COD until a credit application has been completed, reviewed and approved. Standard invoice terms are Net 30 days on receipt. Payment should be received in our office no later than 30 days from the date of the invoice. If any indebtedness incurred pursuant to this request for credit is not paid, the account will be placed on COD until the balance is paid in full. A re-billing charge of \$5.00 or 1.5% per month of any past due portion (whichever is greater) will be applied to overdue balances. Any account not paid in full within 60 days will be turned over to collections. The undersigned agrees to pay all cost of additional collection fees, including reasonable attorney fees. Claims arising from invoices must be made within 7 working days. Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize Pacific Service Center to make any and all inquiries necessary to process this credit application.

NAME - SIGNATURE: \_\_\_\_\_ NAME - PRINTED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_