



# AUTO WRECKING

P.O. Box 640 / Corvallis, Oregon 97339

## APPLICATION FOR CREDIT

For the purpose of obtaining credit the Customer represents that the facts set forth below are true, complete and correct.

FIRM NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Business type: \_\_\_\_\_ Number of years in business: \_\_\_\_\_

Date business was established at this current location \_\_\_\_\_

Is the property that this business is located on, Lease \_\_\_\_\_ Rent \_\_\_\_\_ purchased/own \_\_\_\_\_

The name of building and property owner or owners and date purchased \_\_\_\_\_

Number of employees: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Please provide the following information as it applies to your company:

CORPORATION NAME: \_\_\_\_\_

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Name of parent Company if Subsidiary: \_\_\_\_\_

State of incorporation: \_\_\_\_\_ Date incorporated: \_\_\_\_\_

PARTNERSHIP? Yes \_\_\_ No \_\_\_ (If YES is indicated please complete the following):

Partners' name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Partners' name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

SOLE OWNER? Yes \_\_\_ No \_\_\_ (If YES is indicated please complete the following):

Owners' name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

APPLICATION WILL NOT BE PROCESSED IF SECOND PAGE IS INCOMPLETE

## CREDIT REFERENCES

(Give only the names of those you buy from on an open account)

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_ Gross \$ \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_ Gross \$ \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_ Gross \$ \_\_\_\_\_

## PERSONAL GUARANTEE

I, (print name) \_\_\_\_\_, will personally guarantee any Charges made by me, my Company or any affiliates as a result of the credit extended by **B & R Auto Wrecking** should payment not be made according to the terms stated below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Spouse: \_\_\_\_\_

Print

sign

: \_\_\_\_\_

## TERMS

BALANCE IS DUE IN FULL BY THE 10TH OF THE FOLLOWING MONTH FOR ALL CHARGES, OR THIRTY DAYS FROM THE DATE CHARGED.

I HEREBY AGREE TO PAY 2% PER MONTH SERVICE CHARGE (ANNUAL 24%) ON PAST DUE BALANCE, INCLUDING ATTORNEY'S FEES AND COURT COSTS, IF ANY ARE INCURRED TO COLLECT SAID BALANCE. ANY AND ALL APPLICANTS HEREBY WAIVES NOTICE OF ANY DEMAND AS WELL AS ANY NOTICE DEFAULT.

Printed name \_\_\_\_\_

Signature of credit applicant \_\_\_\_\_ Date \_\_\_\_\_