



Payment Remittance Address:

PO Box 35143 #40025

Seattle, WA 98124-5143

FAX Completed Application To: (541) 738-4402

PO Box 640, Corvallis Oregon 97339

APPLICATION FOR CREDIT

FIRM NAME: PHONE:

STREET: FAX:

CITY: STATE: ZIP:

EMAIL:

BILLING ADDRESS (if different from above):

STREET: FAX:

CITY: STATE: ZIP:

Monthly Statement to be emailed to you? Yes (If YES indicate email Address below) No (USPS Mail)

EMAIL:

AP Contact:

Number of years in business: Date business was established at current location

Do you: OWN or RENT/LEASE the property where this business is located.

NAME OF PROPERTY OWNER

BANK & ACCT#:

RESELLER PERMIT #'S (All shipments to AZ, CA, NV or WA will be charged the appropriate sales tax unless reseller permits are provided)-Please fax a copy of your permit with this application

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

CORPORATION? Yes No (If YES is indicated please complete the following):

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: Cell phone:

Partners' name: SS#:

Home address: City: State: Zip:

Home phone: Cell 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 INFORMATION IS INCOMPLETE



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CREDIT REFERENCES

Please list 3 references that extend your business a line of credit. Additionally, for business that rent/lease their business property, you must include the landlord or lessor as a reference.

Business Name: _____ Phone: _____ Fax: _____
City: _____ State: ____ Account#: _____ Credit Limit: _____

Business Name: _____ Phone: _____ Fax: _____
City: _____ State: ____ Account#: _____ Credit Limit: _____

Business Name: _____ Phone: _____ Fax: _____
City: _____ State: ____ Account#: _____ Credit Limit: _____

Landlord/Lessor: _____ Phone: _____ Fax: _____
City: _____ State: ____ monthly Rent/Lease amount: _____

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 1.5% PER MONTH SERVICE CHARGE (ANNUAL 18%) 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 _____

For the purpose of obtaining credit the Customer represents that the information provided is true, complete and correct.

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