



PO Box 640, Corvallis Oregon 97339

Payment Remittance Address:

MS 25, PO BOX 4000  
Portland, OR 97208-4000

FAX Completed Application To: (541) 738-4402

## 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: \_\_\_\_\_

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 Washington or Nevada 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 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 \_\_\_\_\_

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

APPLICATION WILL NOT BE PROCESSED IF INFORMATION IS INCOMPLETE