



Application For Credit

7710 NE 17th Ave.
Portland, Oregon 97211

PO BOX 30599
Portland, Oregon 97294-3599

Name of Firm _____

Phone _____

Shipping Address _____

Fax _____

City, State, Zip _____

Fed ID# _____

Mailing address
(If different than shipping) _____

Tax# _____

City, State, Zip _____

County _____

Officers/Owners Names _____

Corporation ____

Partnership ____

Individual ____

Account Payables Contact _____

State ____

In Business Since _____ Type of Business _____

Bank _____ Branch _____ Acct.# _____

Back Orders Accepted, Y ___ N ___ PO Required, Y ___ N ___

Purchasing Contact _____ Email _____

attach if necessary

| References | Acct.# | Address | City | Phone/Fax# |
|------------|--------|---------|------|------------|
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |

1. _____
2. _____
3. _____
4. _____

CREDIT POLICY - All invoices due the 10th of the month following purchase. Billing period closes the 25th of each month. All accounts will be serviced charged the 25th of the following month, if not paid. At that time, your account will be placed on temporary COD BASIS, until payment is received. If legal action becomes necessary to collect a delinquent account, purchaser agrees to pay all lawyer's fees. Collection agency fees and interest, also, reasonable fees and court costs, including cost of appeal. Venue shall be set in Multnomah County, Oregon. Your signature below and/or on the delivery receipt is presumed to establish your acceptance of the terms and conditions set forth herein, without exception, and is your agreement to comply with said terms.

**Applicant acknowledges that they have read and accept the terms and conditions set forth on this application. Warranty regulations are on file in the ASE office. Copies sent upon request.
I/We agree to all of the above conditions set forth and understand the terms as stated.**

Signed _____

Title _____

Please print name _____

Date _____

Email _____