



APPLICATION FOR CREDIT

PLEASE SUBMIT APPLICATION TO:

**PO BOX 11229
PORTLAND, OR 97211
OR FAX (503) 735-3305**

OR E-MAIL ASHLEYG@POTTERWEBSTER.COM

- DBA: • **Driveline Express** • **Axle Systems** • **Hydraulic and PTO Supply**
 • **Custom Trailer Parts** • **McKay Truck, Trailer & RV**

ALL SECTIONS MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED Date _____

Company name _____ Purchase orders Required: Yes No

Billing Address _____ Authorized Persons _____

City _____ State _____ Zip _____

Shipping Address _____ # years in business _____

City _____ State _____ Zip _____ # of employees _____

Office ph # () _____ Shop ph # () _____ Tax payer id # _____

E-mail address's will only be used for Electronic Invoices and Flyers (No Junk Mail or Solicitation)

Office e-mail: _____ Shop E-mail: _____ WA tax exempt # _____

Fax # () _____ Are you in Portland city limits? Yes No Credit amount requested _____

Description of Business _____ **Social Security Number required on**

Type of Company: Corporation Partnership Individual **Individuals or any business less than**

Owner (s)/ President name _____ **4 years old** _____

Vice-President _____

A/P Contact: _____ Shop Contact: _____

Type of Business: **Fleet** If Fleet how many: _____#Trucks _____#Trailers **Repair** **Resale** **Other** _____

CREDIT REFERENCES

(LIST THREE TRADE REFERENCES - NO FINANCIAL INSTITUTIONS OR REVOLVING ACCOUNTS)

NAME _____ CITY _____

STATE _____ FAX () _____ PHONE () _____

NAME _____ CITY _____

STATE _____ FAX () _____ PHONE () _____

NAME _____ CITY _____

STATE _____ FAX () _____ PHONE () _____

(OVER)

POTTER WEBSTER COMPANY'S CREDIT TERMS AND AGREEMENT

Terms of payment are Net 10th. The entire account balance is due by the 10th of the month following the month in which purchases are made. A statement listing all unpaid invoices will be mailed to you each month. Accounts which become past due will be put on credit hold until paid in full, and a service charge of 2% per month (Annual percentage rate of 24%) will be assessed on the past due balance. Your account will be assigned a maximum credit limit, subject to review at any time. When this credit limit has been reached, your account will be on credit hold until payment is received to reduce the balance of the account below the credit limit.

The undersigned hereby agrees to the terms stated above and authorizes the listed bank and credit references to release to Potter Webster Company any information necessary to assist in establishing a credit account. All information received by Potter Webster Company will remain strictly confidential. The undersigned agrees to all terms and conditions of payment and agrees that employees may have the authority to purchase on behalf of the company unless written restriction is provided to Potter Webster Co. In the event of collection, the undersigned agrees to pay all collection costs.

(Please print)

Company Name: _____

Name: _____ Title: _____

Authorized signature: _____ Date: _____

Bank: _____ Branch: _____

Acct #: _____ Phone: () _____

FOR BANK USE ONLY

Date Account Opened _____ Average Balance Low Med High Digits: _____

NSF ACTIVITY NO YES

IF YES: # of items last 12 months: _____

Authorized Bank Representative: _____

MAIN BRANCH

41 NE Walker St.
Portland, OR 97211
(503) 283-4792
(877) 731-4792
(503) 735-3305 Fax

ALBANY, OR

6225 OLD SALEM RD
Albany, OR 97321
(541) 928-3331
(800) 800-4130
(541) 967-8693 Fax

LONGVIEW

1110 Columbia Blvd.
Longview, WA 98632
(360) 577-9632
(800) 666-9632
(360) 577-0836 Fax

FOR P.W.C. OFFICE USE ONLY:

Limit: _____ Code: _____ Slsmn: _____ Appr: _____ Date: _____

Acct: _____ Entered: _____ Date: _____