



# APPLICATION FOR CREDIT

41 NE WALKER ST.  
 PO BOX 11229  
 PORTLAND, OR 97211  
[AR@Potterwebster.com](mailto:AR@Potterwebster.com)  
 (503) 283-4792 (503) 735-3305 FAX

DBA: • Driveline Express • Axle Systems • Hydraulic and PTO Supply • Custom Trailer Parts

**ALL SECTIONS MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED** Date \_\_\_\_\_

Company name _____	Purchase orders Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address _____	Authorized Persons _____
City _____ State _____ Zip _____	_____
Shipping Address _____	# years in business _____
City _____ State _____ Zip _____	# of employees _____
Office ph # ( ) _____ Shop ph # ( ) _____	Motor Carrier # _____
Office e-mail: _____	WA tax exempt # _____
Fax # ( ) _____	Credit amount requested _____
Description of Business _____	COD Only Account (please check) _____
Owner (s)/ President name _____	
A/P Contact: _____ Shop Contact: _____	

**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

Credit terms are Net 30 Days. Payment is due 30<sup>th</sup> days after purchase is made. A statement listing all unpaid invoices will be mailed or emailed to you each month. Accounts which become past due will be put on COD or 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 COD or 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: \_\_\_\_\_

## Personal Guarantee

The party identified below agrees to be personally obligated to pay all debts incurred under the credit agreement signed above. They also give permission for Potter Webster Company to run their personal credit information for the purposes of determining credit worthiness.

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

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

### MAIN BRANCH

41 NE Walker St.  
Portland, OR 97211  
(503) 283-4792

**(503) 735-3305 Fax**

### EUGENE, OR

86175 Franklin Blvd.  
Eugene, OR 97211  
(541) 928-3331

**(541) 967-8693 Fax**

### LONGVIEW, WA

40 International Way  
Longview, WA 98632  
(360) 577-9632

**(360) 577-0836 Fax**

### **FOR P.W.C. OFFICE USE ONLY:**

Limit: \_\_\_\_\_ Code: \_\_\_\_\_ Slsmn: \_\_\_\_\_ Appr: \_\_\_\_\_ Date: \_\_\_\_\_

Acct: \_\_\_\_\_ Entered: \_\_\_\_\_ Date: \_\_\_\_\_