



P.O. Box 12008  
Salem, Oregon 97309  
(503) 393-6646  
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### CREDIT APPLICATION AND AGREEMENT

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Subsidiary-Name of Parent Company \_\_\_\_\_

Date Established \_\_\_\_\_ State of Incorporation \_\_\_\_\_

### OWNERS, PRINCIPAL PARTNERS, OFFICERS NAME AND ADDRESS:

**Name:** \_\_\_\_\_ **Title** \_\_\_\_\_ **SS#** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City,** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title** \_\_\_\_\_ **SS#** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City,** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title** \_\_\_\_\_ **SS#** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City,** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

### BANKS USED BY BUSINESS:

Checking (Bank and Branch) \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Savings (Bank and Branch) \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**LIST OF CURRENT CREDITORS:**

- 1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_
- 4. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_
- 5. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTY**

I, (We) \_\_\_\_\_ for an in consideration of your extending credit at our request

to \_\_\_\_\_ hereby personally guarantee to you the payment of any obligation for the above named company and, I (we) hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. This obligation shall cover the renewal of any claims guaranteed by this instrument or extensions of time of payment thereof.

Signature \_\_\_\_\_

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

Signature \_\_\_\_\_

**AGREEMENT:**

I, (we) certify that this information is true and correct and I (we) agree that this application may be referred to a credit reporting bureau for verification of the information provided and if credit is extended I (we) further agree that such extension of credit shall be subject to the following terms and conditions:

- 1. I (we) shall pay the full amount of the invoice when due which is defined as 30 days from invoice date Unless otherwise specified. No discounts are allowed on regular accounts.
- 2. If payment in full is not received by Eagle Mailing Service by the due date, a service charge of 2% per month (24% annual rate) shall run on the unpaid balance from said date until payment is full has been made
- 3. Partial payment in advance may be required on jobs involving large or unusual expenses.
- 4. In the event that a delinquent account is placed in the hands of a licensed collector or an attorney for collection, or suit is instituted on this account, I (we) agree to pay, in addition to the amount of the delinquent account and interest, court costs, collectors and/or attorney's fees.

AGREEMENT ACCEPTED FOR: \_\_\_\_\_  
Firm Name

AUTHORIZED PRINCIPAL/OFFICER \_\_\_\_\_

TITLE \_\_\_\_\_

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Credit Line

\_\_\_\_\_ Approved By:

