

# DEALERS SUPPLY COMPANY

**Return To:** 110 S.E. Washington Street  
Portland, OR 97214

Phone: 503-236-1195  
**Fax: 503-235-5057**

**CONFIDENTIAL  
CREDIT  
APPLICATION**

Applicant: Business or Corporate Name:			DATE:
Business Street Address (physical)		City	State Zip Code
Billing / Mailing Address		City	State Zip Code
Business Phone #	Business Fax #	Years in Business	WA Resale Permit Number (please fax permit copy also)
We are engaged in the business of:	Do you require PO's?:	How would you like invoices & statements: MAIL FAX EMAIL	
Type of Business Entity(Proprieter/Partnership/Corp/LLC/etc):		Email Address:	
What products will you be purchasing:			
Anticipated Monthly Purchase Amt:	DUNS number:	Contractors License Number:	Federal ID Number:
Are you currently working with someone at DSCO? If so, who?		Do you have a pending order?	
<b>OWNER: (If applicant is a sole proprietor or partnership)</b>		<b>OFFICERS: (If a Corporation)</b>	
Name:	Title:	Home Address:	Phone:
Name:	Title:	Home Address:	Phone:
Accounts Payable Manager:			

## APPLICANT'S PRINCIPAL SUPPLIERS: (Please complete all areas)

Name:	Contact Person: Phone Number:
Address:	<b>FAX Number:</b>
Name:	Contact Person: Phone Number:
Address:	<b>FAX Number:</b>
Name:	Contact Person: Phone Number:
Address:	<b>FAX Number:</b>
Name:	Contact Person: Phone Number:
Address:	<b>FAX Number:</b>

**BANKING OR SAVINGS AND LOAN ASSOCIATION:**

Name (Checking):	Address:	Acct #:	Phone:
Bank Routing & A.B.A. Number:(9 digit)	Branch:	Contact:	
Name (Savings):	Address:	Acct #:	Phone:
Bank Routing & A.B.A. Number:(9 digit)	Branch:	Contact:	

**PLEASE ATTACH COPY OF LATEST FINANCIAL STATEMENT (if available)**

<p>ARE THERE ANY JUDGEMENTS OR ANY LEGAL PROCEEDINGS PENDING OR THREATENED?  <b>EXPLAIN:</b></p>
<p>ANY CHECKS ISSUED WITHIN THE PAST SIX MONTHS WHICH WERE NOT PAID DUE TO INSUFFICIENT FUNDS , ANY CCB COMPLAINTS OR FILINGS AGAINST YOUR BOND, FOR ANY REASON?  <b>EXPLAIN:</b></p>

1. I/We authorize you to contact Consumer Credit reporting agencies, all bank, credit and trade references herein to verify our credit standing with them and authorize them to release said information to you.
2. In consideration for your granting credit, we guarantee payment of all accounts owed by that firm to Dealers Supply Company.
3. We understand and agree to comply with your terms of ( 2% Disc 10th, Net 11th ). Purchases become PAST DUE the 11th of the month following purchase. Discounts are only applicable to accounts paid in full by the due date. A FINANCE CHARGE of 1.5% PER MONTH from date of purchase, which is an APR of 18%, may be assessed on any portion of any account that becomes PAST DUE.
4. We agree to notify Dealers Supply, by registered mail, of any changes in Ownership, Insolvency proceedings, or death of any owners, partners, or officers.
5. In the event it becomes necessary to refer any account to a collection agency, any third party or an attorney for collection, we promise to pay you reasonable attorney's fees and collections costs, even though no suit is filed. If a suit or action is filed, the amount of the reasonable attorney's fees shall be fixed by the court or courts in which the suit or action including any appeal therein, is tried, heard or decided.
6. Alteration of this Agreement, without the express consent of Dealers Supply Company may be grounds for revocation of any accounts outstanding and cause demand for payment in full of any balances outstanding.

Signature: X	Name of Person to Contact Concerning Account:		
Title:	Date:	Phone Number:	

***\* 4 TRADE REFERENCES ARE REQUIRED BEFORE WE CAN PROCESS YOUR APPLICATION***

**Dealers Supply Company, Inc.**  
**INDIVIDUAL PERSONAL GUARANTEE**

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

I, \_\_\_\_\_ (Printed Name) residing at  
\_\_\_\_\_ (Current Residence address),

for and in consideration of your extending credit at my request to  
\_\_\_\_\_ (Hereinafter referred to as The Company),

of which I am \_\_\_\_\_ (relation to company or owner), personally guarantee to Dealers Supply Company at 110 SE Washington St, Portland, Oregon 97214, the payment of any obligation of The Company and I hereby agree to bind myself to pay Dealers Supply on demand, any sum which may become due to Dealers Supply by The Company whenever The Company shall fail to pay the same along with any cost of collection in the event it becomes necessary to refer any account to an attorney, collection agency, or any third party; with or without a lawsuit being filed, we promise to pay Dealers Supply any and all costs incurred in order to facilitate such payment of account. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of The Company. I do hereby waive notice of default, nonpayment, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Phone #)

\_\_\_\_\_ (Email)

\_\_\_\_\_ (Witness or Notary below)

\_\_\_\_\_ (Phone #)

\_\_\_\_\_ (Email)

State of OREGON

County of: \_\_\_\_\_

Signed and sworn to (affirmed) before me on

\_\_\_\_\_

\_\_\_\_\_  
Notary Public- State of Oregon

My Commission expires: \_\_\_\_\_

*\*\*\* Please retain a copy of this signed agreement for your records. DSCO considers a complete Credit Application to include a complete and accurate Personal Guarantee submission.*