

DEALERS SUPPLY COMPANY

Return To: 2345 NW Nicolai St.
Portland, OR 97210

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

**CONFIDENTIAL
CREDIT
APPLICATION**

Applicant: Business or Corporate Name:			DATE:		
Business Street Addresss (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?		
OWNER: (If applicant is a sole proprietor or partnership)			OFFICERS: (If a Corporation)		
Name:		Title:	Home Address:		Phone:
Name:		Title:	Home Address:		Phone:
Accounts Payable Manager:			Name of Person to Contact Concerning Account (if different):		

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

Name:	Contact Person:
	Phone Number:
Address:	FAX Number:
Name:	Contact Person:
	Phone Number:
Address:	FAX Number:
Name:	Contact Person:
	Phone Number:
Address:	FAX Number:
Name:	Contact Person:
	Phone Number:
Address:	FAX Number:

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? EXPLAIN:</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? EXPLAIN:</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
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, including collection agency fees, 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.
7. The Terms and Conditions of this credit application take priority over any inconsistent terms contained in other customer-provided documents.
8. In the event it becomes necessary for suit or action to be filed, both parties agree further that forum and venue for such litigation will be in the District or Circuit Court for Multnomah County, Oregon, to whose jurisdiction all parties hereby submit.

Signature of Financial Officer: X	Printed Name:
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/owner), personally guarantee to
Dealers Supply Company at 2345 NW Nicolai St, Portland, Oregon 97210, 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 collection agency fees and costs of collections 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. By signing below, I
authorize Dealers Supply Co to contact Consumer Credit reporting agencies to verify my credit standing and
authorize the bank and Consumer Credit reporting agencies to release said information to you.

_____ (Signature) _____ (Date of Birth)
_____ (Social Security #)
_____ (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.*