



503-221-1100
1-800-743-1109
FAX 503-241-9549
3030 NW 29TH AVENUE
PORTLAND, OR 97210

Application For Credit

Name of Applicant _____ Phone (____) _____

dba (Doing Business As) _____

Parent Co. (if subsidiary) _____ Fax (____) _____

Billing Address _____

City _____ State _____ Zip Code _____

Shipping Address (if different than above) _____

City _____ State _____ Zip Code _____

Applicant is Individual _____ Partnership _____ Corporation _____ L.L.C. _____

If a Corporation, state and date registered _____

Nature of Business _____ Year Established _____

Have you, or a company in which you were a principal, ever filed bankruptcy? _____

If yes, when and under what name? _____

Names of owners, partners, or officers of the company:

Name _____ Title _____ SS # _____

Name _____ Title _____ SS # _____

Name _____ Title _____ SS # _____

Person in charge of Accounts Payable _____

Person in charge of Purchasing _____

Tax Exemption Numbers: State _____ Federal _____ SIC Code _____

Bank Reference

Bank _____ Branch _____

City _____ State _____ Zip Code _____

Trade References

Name _____ Phone (_____) _____

Address _____ Contact _____

City _____ State _____ Zip Code _____

Name _____ Phone (_____) _____

Address _____ Contact _____

City _____ State _____ Zip Code _____

Name _____ Phone (_____) _____

Address _____ Contact _____

City _____ State _____ Zip Code _____

Terms and Conditions of Sale

- 1. Unless otherwise stated, all terms of sale are Net 30 Days. Payment for all purchases is due, in full, 30 days from date of invoice.
- 2. We reserve the right to assess late charges of 1.5% per month on past due balances; balances not paid by the first day after the due date.
- 3. We reserve the right to charge a 20% restocking charge on all returned material.
- 4. Should an account be placed in litigation because of nonpayment, Quimby Corporation shall be entitled to cost and attorney's fees in the collection of said account.

The undersigned hereby makes application to purchase goods on credit from Quimby Corporation (herein called the COMPANY) and in consideration of the COMPANY granting credit, I/we hereby agree to the terms and conditions of sale listed above.

I/we certify that the information provided on this application is correct and consent to the COMPANY obtaining credit information in the consideration of granting credit.

Authorized Signature _____ Date _____

Consumer Credit Report Consent

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process. The undersigned individual hereby knowingly consents to the use of such credit consistent with the Federal Fair Credit Reporting Act in 15 U.S.C. @ 1681 et seq.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Personal Guarantee

In the case that this application for credit is to be granted to a Partnership, Corporation or Limited Liability Company of which I/we are director, officer, shareholder or agent, I/we in signing this application on behalf of said Corporation or Limited Liability Company, do hereby personally guarantee payment of all accounts of the same and I/we understand that this is a continuing irrevocable guarantee and shall not be affected by any extension of the time for payment or other arrangements made by the applicant.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____