

CREDIT APPLICATION AND AGREEMENT

COMPANY INFORMATION (APPLICANT):

Legal Name of Business: _____

Billing Address: _____
Address City State Zip

Shipping (Street) Address: _____
Address City State Zip

Phone: _____ Fax: _____ Email: _____

Organization: Sole Proprietorship Partnership Corporation State Incorporated: _____

Year Present Ownership Established: _____ Federal I.D. #: _____ State Tax Exempt #: _____

Accounts Payable Contact: _____ Phone: _____ Fax: _____

Account Correspondence Requested (check one): Weekly Invoices ONLY Weekly Invoices AND Monthly Statements

OFFICERS OR OWNER INFORMATION (USE BACK OF PAGE IF MORE SPACE IS NEEDED):

Name: _____ Home Phone: _____

Home Address: _____
Address City State Zip

Position: _____ Social Security #: _____

BANK REFERENCE:

Bank Name: _____ Phone: _____

Bank Address: _____
Address City State Zip

Account Representative: _____ Account #: _____

CREDIT REFERENCES (LIST ONLY MAJOR OPEN ACCOUNTS):

Name: _____ City, St: _____ Ph: _____ Fax: _____ Acct #: _____


Name: _____ City, St: _____ Ph: _____ Fax: _____ Acct #: _____


Name: _____ City, St: _____ Ph: _____ Fax: _____ Acct #: _____

CREDIT AGREEMENT

I (we) the undersigned make application for credit with Pacific Rim and Trim International, Inc. and authorize it to conduct a credit inquiry. Applicant agrees to pay all invoices within fifteen (15) days from the invoice date and a service charge of 1.5% per month (18% per annum) on all past due invoices. In the event payment is not made and this account is referred to a collection agency, Applicant agrees to pay the collection agency fee not exceeding fifty percent (50%) of the principal unpaid amount and also a reasonable attorney fee. Applicant further agrees to pay reasonable attorney fees in the event suit or action is commenced to secure payment of any sums due under this Credit Application and Agreement. This Credit Application and Agreement is governed by the laws of the State of Oregon, and parties agree that any dispute arising out of this Credit Application and Agreement will be resolved in the courts of the State of Oregon. I agree that a faxed copy of my signature will be as legally binding as my original signature.

MUST BE SIGNED BY AN OWNER OR OFFICER

SIGN  Signature: _____ Date: _____
Printed Name: _____ Title: _____

SIGN  Corporate officers, partners or proprietors herewith acknowledge personal liability for debts incurred in the name of the Applicant. The consideration for this guarantee is the continued extension of credit to the Applicant by Pacific Rim.

Signature: _____ Social Security #: _____ Date: _____
Signature: _____ Social Security #: _____ Date: _____