

FOR OFFICE USE ONLY

Date of Verification \_\_\_\_\_

Rating \_\_\_\_\_

Account # \_\_\_\_\_



**CORPORATE OFFICES**

1567 Edgewater NW ♦ Salem, OR 97304  
Phone: (503)370-7340 ♦ FAX: (503)779-1091  
westsalem@copycatsnw.com

FOR OFFICE USE ONLY

Credit Limit: \_\_\_\_\_

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

SIC Code \_\_\_\_\_

**CREDIT APPLICATION**

(Please type or print clearly)

DATE \_\_\_\_\_

We hereby apply for the extension of credit by your firm. The following information is submitted as a basis for your consideration of our application. We expect our monthly credit requirements from you to be about \$ \_\_\_\_\_.

FIRM NAME \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

PURCHASE ORDER REQUIRED  YES  NO DATE STARTED\* \_\_\_\_\_

TYPE OF ENTITY  CORPORATION  PARTNERSHIP  PROPRIETORSHIP

\*(The personal guaranty on the reverse side is required if in business less than 5 years.)

**PRINCIPAL OWNERS OR STOCKHOLDERS:**

| Name     | Address | Title |
|----------|---------|-------|
| 1) _____ | _____   | _____ |
| 2) _____ | _____   | _____ |
| 3) _____ | _____   | _____ |

NAME OF BANK & BRANCH \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CHECKING ACCOUNT NUMBER \_\_\_\_\_ (Must have to process application)

**LOCAL TRADE REFERENCES:**

| Name     | Address | Phone |
|----------|---------|-------|
| 1) _____ | _____   | _____ |
| 2) _____ | _____   | _____ |
| 3) _____ | _____   | _____ |

**Terms are net 30 days. If any amounts due remain unpaid beyond 30 days, we agree to pay a service charge of 1-1/2% per month of the outstanding balance and reasonable attorney fees, collection agency fees, and costs in the event of any action taken to collect such amounts. In the event of litigation, it is agreed that venue for such litigation will be Yamhill County, OR.**

The information contained herein is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize COPY CATS to investigate the references listed above pertaining to my/our credit and financial responsibility.

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Officer/Owner

Title

The following Personal Guaranty is required in the case of privately-held corporations in business less than 5 years:

The undersigned, personally, in addition to any corporate liability, jointly and severally, in consideration of the monthly billing privileges being extended to the before-named Applicant, do hereby unconditionally guarantee and promise to pay any and all obligations of said Applicant which have in the past or may in the future be owing to COPY CATS on open account or otherwise, including without limitation service charges, collection agency fees, and attorney fees and costs. No delay in the enforcement of this personal guaranty shall affect the liability of the undersigned.

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)