



CREDIT APPLICATION AND AGREEMENT

LEGAL BUSINESS NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

TYPE OF BUSINESS: _____ YEAR ESTABLISHED: _____

TAXABLE?: _____ IF NO, PLEASE PROVIDE APPROPRIATE CERTIFICATE

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

BUSINESS INFORMATION

SOLE PROPRIETORSHIP _____ SS# _____

PARTNERSHIP PARTNER _____ SS# _____

PARTNER _____ SS# _____

CORPORATION/LLC

PRESIDENT/MEMBER _____ SS# _____

V/P/MEMBER _____ SS# _____

SECRETARY/MEMBER _____ SS# _____

TREASURER/MEMBER _____ SS# _____

FEDERAL TAX ID #: _____ D & B #: _____

BANKING/REFERENCES

BANK: _____ BRANCH: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ACCOUNT #: _____ TYPE OF ACCOUNT: _____ CONTACT: _____

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

Table with 4 columns: NAME, CONTACT, ADDRESS, PHONE #/FAX # and 5 rows of data.

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Forklift Services of Oregon Inc. to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT POLICY: Statements are rendered as of the last day of the calendar month. C.O.D. restrictions may be placed on any past due account.

