

Parts Systems

Commercial Credit Application

Company Name _____

Type of Business _____ Date of Incorporation/Year Started _____

Billing Address _____

City _____ State _____ Zip Code _____

Ship To Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Number _____

Fax Number _____

Tax ID Number _____ Resale Number _____

President / Owner _____

Accounts Payable Contact _____

Authorized Purchasers _____

Banking Information

Bank _____ Account Number _____

Street _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Contact Name _____



Commercial Application Continued

Trade / Credit References

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Terms: Charge invoices are due and payable 30 days from invoice date. Accounts not paid when due may be subject to a service charge of 1-1/2% (18% per annum) on the unpaid balance and may be subject to C.O.D. status or other credit restrictions.

I (We) do hereby give authorization for PartsSystems to verify and receive credit references at such intervals as deemed necessary. I (We) certify the above information is correct. I (We) fully understand the terms as defined above and agree to proper payment in consideration of extended credit. Applicant agrees to pay service charges on past due accounts at the rate stated above, plus all costs of collection, including reasonable attorney fees.

Signature of Officer or Principal _____

Title _____ Date _____

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