



# APPLICATION FOR CREDIT

PO BOX 11229

PORTLAND, OR 97211

OR FAX (503) 735-3305

OR E-MAIL CINDYM@POTTERWEBSTER.COM

- DBA:      • Driveline Express                      • Axle Systems                                      • Hydraulic and PTO Supply  
                  • Custom Trailer Parts                      • McKay Truck, Trailer & RV

**YOU MUST FILL OUT THIS CREDIT APPLICATION AND BE APPROVED BEFORE YOU CAN ACCESS THE ON LINE ORDERING SYSTEM**

ALL SECTIONS MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED      Date \_\_\_\_\_

Company name \_\_\_\_\_ Purchase orders Required:  Yes     No

Billing Address \_\_\_\_\_ Authorized Persons \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ # years in business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ # of employees \_\_\_\_\_

Office ph # (    ) \_\_\_\_\_ Shop ph # (    ) \_\_\_\_\_ Tax payer id # \_\_\_\_\_

E-mail address's will only be used for Electronic Invoices and Flyers (No Junk Mail or Solicitation)  
 Office e-mail: \_\_\_\_\_ Shop E-mail: \_\_\_\_\_ WA tax exempt # \_\_\_\_\_

Fax # (    ) \_\_\_\_\_ Are you in Portland city limits?  Yes     No      Credit amount requested \_\_\_\_\_

Description of Business \_\_\_\_\_ **Social Security is required on**

Type of Company:    Corporation     Partnership     Individual       **individuals or any business less than**

Owner (s)/ President name \_\_\_\_\_ **4 years old:** \_\_\_\_\_

Vice-President \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Shop Contact: \_\_\_\_\_

Type of Business:     **Fleet** If Fleet how many: \_\_\_\_\_ #Trucks    \_\_\_\_\_ #Trailers     **Repair**     **Resale**     **Other** \_\_\_\_\_

**CREDIT REFERENCES**

(LIST THREE TRADE REFERENCES - NO FINANCIAL INSTITUTIONS OR REVOLVING ACCOUNTS)

NAME \_\_\_\_\_ CITY \_\_\_\_\_

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

NAME \_\_\_\_\_ CITY \_\_\_\_\_

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

NAME \_\_\_\_\_ CITY \_\_\_\_\_

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

(OVER)

# WEBSTER COMPANY'S CREDIT TERMS AND AGREEMENT

Terms of payment are Net 10th. The entire account balance is due by the 10th of the month following the month in which purchases are made. A statement listing all unpaid invoices will be mailed to you each month. Accounts which become past due will be put on credit hold until paid in full, and a service charge of 2% per month (Annual percentage rate of 24%) will be assessed on the past due balance. Your account will be assigned a maximum credit limit, subject to review at any time. When this credit limit has been reached, your account will be on credit hold until payment is received to reduce the balance of the account below the credit limit.

The undersigned hereby agrees to the terms stated above and authorizes the listed bank and credit references to release to Potter Webster Company any information necessary to assist in establishing a credit account. All information received by Potter Webster Company will remain strictly confidential. The undersigned agrees to all terms and conditions of payment and agrees that employees may have the authority to purchase on behalf of the company unless written restriction is provided to Potter Webster Co. In the event of collection, the undersigned agrees to pay all collection costs.

*(Please print)*

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Acct #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## **FOR BANK USE ONLY**

Date Account Opened \_\_\_\_\_ Average Balance  Low  Med  High Digits: \_\_\_\_\_

NSF ACTIVITY  NO  YES

IF YES: # of items last 12 months: \_\_\_\_\_

Authorized Bank Representative: \_\_\_\_\_

### **MAIN BRANCH**

41 NE Walker St.  
Portland, OR 97211  
(503) 283-4792  
(877) 731-4792  
**(503) 735-3305 Fax**

### **ALBANY, OR**

6225 OLD SALEM RD  
Albany, OR 97321  
(541) 928-3331  
(800) 800-4130  
**(541) 967-8693 Fax**

### **LONGVIEW**

1110 Columbia Blvd.  
Longview, WA 98632  
(360) 577-9632  
(800) 666-9632  
**(360) 577-0836 Fax**

## **FOR P.W.C. OFFICE USE ONLY:**

Limit: \_\_\_\_\_ Code: \_\_\_\_\_ Slsmn: \_\_\_\_\_ Appr: \_\_\_\_\_ Date: \_\_\_\_\_

Acct: \_\_\_\_\_ Entered: \_\_\_\_\_ Date: \_\_\_\_\_