



# Credit Application

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

Street Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

STREET CITY STATE ZIP PHONE

Billing Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

STREET CITY STATE ZIP PHONE

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Individual  Partnership  Corporation  LLC

\*Purchase Orders Required with Orders  Yes  No Federal Tax ID # \_\_\_\_\_

Name, Partnership or Corporate Officers:

1). Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

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2). Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

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Active Trade References: Within the past year (local only please)

1). Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

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Account Number: \_\_\_\_\_ How long: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

2). Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

STREET CITY STATE ZIP PHONE

Account Number: \_\_\_\_\_ How long: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

3). Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

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Account Number: \_\_\_\_\_ How long: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

4). Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

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Account Number: \_\_\_\_\_ How long: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Type of Account:  Checking - Account # \_\_\_\_\_  Savings - Account # \_\_\_\_\_

Contact Name for Accounts Payable: \_\_\_\_\_

This information is true and correct to the best of my knowledge. I/We agree to pay my/our account in accordance with the regular terms of Gilchrist & Associates, Inc. - which are net 30 days from date of invoice date. I/We understand that any balance not paid within those terms will be assessed a 1 1/2% finance charge. Annual percentage rate is 18%. I/We also agree to pay, in the event payment shall not be made when due, all costs of collections. I/We further agree that, in case suit is instituted to collect any amounts due, to pay such additional sums.

\_\_\_\_\_  
AUTHORIZED SIGNATURE and TITLE

\_\_\_\_\_  
DATE

Gilchrist & Associates LLC

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