



# Complete Distribution Services, Inc.

PO Box 230517 Portland, OR 97281 (503)597-1100

## Credit Application

### Contact Information

Company \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

President/Officer: \_\_\_\_\_  
 Controller: \_\_\_\_\_  
 Payables Contact: \_\_\_\_\_  
 Payables Telephone #: \_\_\_\_\_  
 Payables Fax #: \_\_\_\_\_  
 Payables Email: \_\_\_\_\_

### Business Information

\_\_\_\_ Corporation                      \_\_\_\_ Partnership                      \_\_\_\_ Other (explain below)  
 \_\_\_\_ LLC                                      \_\_\_\_ Sole Proprietor

Federal ID Number: \_\_\_\_\_  
 Dun & Bradstreet #: \_\_\_\_\_

Years in Business: \_\_\_\_\_  
 Registered Agent: \_\_\_\_\_

Are there any past/present liens or bankruptcies filed against or by your company? \_\_\_\_\_  
 If Yes, Explain: \_\_\_\_\_

### Bank References

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Bank Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_

### Trade References

Company: _____	Company: _____
Address: _____	Address: _____
AR Contact: _____	AR Contact: _____
Telephone #: _____	Telephone #: _____
Fax Number: _____	Fax Number: _____
Company: _____	Company: _____
Address: _____	Address: _____
AR Contact: _____	AR Contact: _____
Telephone #: _____	Telephone #: _____
Fax Number: _____	Fax Number: _____

On behalf of company, we certify we are responsible for all freight charges incurred when arranging transportation with Complete Distribution Services, Inc. Uncollectible freight charges from prepaid, collect or third party billing will ultimately be company's responsibility.

### **\*PAYMENT TERMS - NET 15 DAYS**

\_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Title

\*\*\*\*\* Please sign and fax to: (503) 597-1125 \*\*\*\*\*