



Complete Distribution Services, Inc.

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

Credit Application

Contact Information

Company: _____

Physical Address: _____ **Billing Address:** _____

Telephone: _____ Payables Contact: _____

Fax Number: _____ Payables Phone #: _____

President: _____ Payables Fax #: _____

Controller: _____ Payables Email: _____

Business Information

____ Corporation _____ Partnership _____ Other (explain below)

____ LLC _____ Sole Proprietor _____

Federal ID Number: _____ Years in Business: _____

Dun & Bradstreet #: _____ 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 fax to: (503) 597-1125 or email to AR@ShipCDS.com *****