



Complete Distribution Services, Inc.

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

Revised Date: 9/11/2015

Credit Application

Contact Information

Company: _____

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

Do you accept emailed invoices: Yes No

Email invoices to: _____

Telephone: _____ AP Contact: _____

Fax Number: _____ AP Phone #: _____

President: _____ AP Fax #: _____

Controller: _____ AP Contact 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 *****