

GENERAL PACIFIC, INC.
APPLICATION FOR CREDIT
5600 N.E. 122ND AVE.
PORTLAND, OREGON 97230
PH: (503) 257-0327 FAX: (503) 257-0320

Company Name: _____ Phone: _____
Billing Address: _____ Fax#: _____
City: _____ State: _____ (Zip) _____ Mobile#: _____
Ship to Address: _____
City: _____ State: _____ (Zip) _____ County: _____
Physical Address: _____ (Zip) _____
(If different than ship to address)

Individual _____ Sole Owner _____ Partnership _____ Corporation _____ LLC _____
Subsidiary of: _____

BUSINESS

As Applicable, List names(s), Titles(s), of Corporate Officers, Partners, or Owners:

Name: _____ Title: _____ Email _____
Name: _____ Title: _____ Email _____
Type of Business: _____ Years in Business: _____
Resale Certificate: _____ State: _____ No.: _____
(Copy of Certificate **Required**)

Name of Person Responsible for Accounts Payable: _____
Phone# _____ Email _____ Fax# _____
(The email and or fax # above will be used for Invoice submittals, if accepted below)

Acceptable Method(s) of Invoicing: Mail _____ Fax _____ Email _____
(Please check **all** that are acceptable)

BANK REFERENCE

Name of Bank: _____ Contact: _____ Branch: _____
Address: _____ Phone: _____

TRADE/CREDIT REFERENCES

Name: _____ Phone: _____ Fax: _____
Name: _____ Phone: _____ Fax: _____
Name: _____ Phone: _____ Fax: _____
Name: _____ Phone: _____ Fax: _____

I AUTHORIZE YOU TO MAKE CREDIT INQUIRIES AND VERIFY ALL THE INFORMATION AS YOU DEEM NECESSARY, and agree to the Following: Account is due in full **30** days from invoice date. A late charge of one and one-half percent (1-1/2%) per month which is an ANNUAL PERCENTAGE RATE OF eighteen percent (18%) is charged on all past due accounts. In case action is brought to collect this Account, I consent to jurisdiction of and service of process by the courts of, and agree that venue may be laid in the State and County wherein your office, from which I purchase, is located, and that the action may be there maintained without regard to the Residence of defendants, and that in any action brought to collect this account, I will pay such sum as the court may adjudge reasonable as attorney's fees.

Signature: _____ Title: _____
Date: _____

Purchasing Contact Name: _____ Phone: _____
Address: _____ Fax: _____