



Corporate Office: 3240 Commercial St. S.E. | P.O. Box 3519 | Salem, Oregon 97302  
Phone: (503) 581-0081 | FAX: (503) 585-0991

## Application for Credit

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ P.O. Required:  Yes  No

Ownership:  Corporation  Partnership  Proprietorship  Individual

Description of Business: \_\_\_\_\_

At Present Location Since (date): \_\_\_\_\_ Year Established: \_\_\_\_\_

Credit Card Information Required\*\* Card Type \_\_\_\_\_ Name on Card \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_/\_\_\_ Card # \_\_\_\_\_

The Business Establishment or Individual named above, hereby applies for credit. The information and statements in this application are true and complete, and are made for the purpose of establishing an open account line of credit. Cascade Computer Maintenance, Inc. (CCM) is hereby authorized to obtain any information necessary from any source concerning the statements in this application. This application shall serve as a release to permit such sources to disclose information to CCM.

The Business Establishment or Individual named above understands and agrees that, unless otherwise agreed to in writing, all credit purchases must be paid in accordance with CCM's normal terms of sale, which are currently Net 30 from date of invoice. The Business Establishment or Individual named above also understands and agrees that amounts 30 days past due will be subject to late payment charges of 1.5% per month. The Business Establishment or Individual named above also agrees to furnish a valid credit card that will be used for the initial invoice(s) and to pay all delinquent invoices that become 30 days past due. The Business Establishment or Individual named above will pay a \$25.00 service charge in the event that any checks written to CCM are dishonored for any reason. In the event that it becomes necessary for CCM to institute suit or otherwise incur collection costs to collect any amount due, the Business Establishment or Individual named above agrees to pay those costs of collection, including reasonable attorneys' fees.

The Business Establishment or Individual named above understands and agrees that all sales and other transactions between us will be governed by the laws of the State of Oregon, and any dispute arising from our business relationship will be litigated exclusively in the courts of Oregon. The Business Establishment or Individual named above consents to the jurisdiction of Oregon courts.

The information provided to Cascade Computer Maintenance, Inc. will be utilized only for the purposes of providing the Business Establishment or Individual named above with credit. By signing this agreement, the Business Establishment or Individual named above agrees to be bound by the terms hereof and asserts that all information contained herein is accurate. The Business Establishment or Individual named above further agrees to and authorizes CCM to obtain information necessary for the purpose of establishing credit status.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(Authorized Signature Required)

**\*\*\*\*\* THIRD PARTIES ONLY\*\*\*\*\***

**REFERENCES: (Please supply one reference of a fourth party that you are currently doing business with and one that you no longer do business with.)**

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_