



7373 S.E. Milwaukie Expressway
Portland, OR, 97222

PO BOX 68233 - Portland OR 97268
Call: (503) 659-5438 - A/R: (503) 905-3804
Fax: (503) 653-6966 - Email: TamieS@norliftor.com

TO:
COMPANY:
FAX:
DATE:

RE: CREDIT APPLICATION

Dear Customer,

Thank you for choosing Norlift of Oregon, Inc. as your business partner. For term considerations, please complete the attached credit application. If you have a credit Information Sheet prepared, please fill in the **first seven lines** of our credit application, have an authorized individual **sign** the bottom, and email / fax the requested information back to Tamie Sperling, Credit Manager, via email at **TamieS@norliftor.com** or fax at **503-653-6966**. The information will be held in the strictest confidence.

If you are tax exempt in the state of Washington, please provide a copy of your Resale or Manufacturer's Certificate.

Should you have any questions, please give me a call at 503-905-3804.

Sincerely,

Tamie Sperling
Credit Manager



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FOR OFFICE USE ONLY	
Requester	Dept.
Approved By	Rejected
Date	Customer P.O. Received? <input type="checkbox"/> YES <input type="checkbox"/> NO
Credit Limit	Customer No.

**CONFIDENTIAL
CREDIT APPLICATION**

CREDIT APPLICANT'S COMPLETE LEGAL NAME		PHONE NO.	CURRENT D.B.A (IF APPLICABLE)		
STREET ADDRESS		CITY	COUNTY	STATE	ZIP
BILLING ADDRESS (IF DIFFERENT)		CITY	COUNTY	STATE	ZIP
FORMER BUSINESS NAME / ADDRESS (IF APPLICABLE)		PERSON TO CONTACT FOR PAYMENTS		DOES CREDIT APPLICANT REQUIRE: PURCHASE ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OWNERSHIP INFORMATION <input type="checkbox"/> LLC <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		TYPE OF BUSINESS			
STATE OF INCORPORATION	YEAR INCORPORATED	YEARS IN CURRENT BUSINESS	BUSINESS SEASONALITY, IF 'NONE', PLEASE SAY SO		
AMOUNT OF CREDIT REQUESTED	ANNUAL SALES AMOUNT	NO. OF EMPLOYEES	FEDERAL I.D. NO.	WA RESALE TAX OR PERMIT NO.	

NAMES, ADDRESSES, AND SOCIAL SECURITY NUMBERS OF INDIVIDUALS / PARTNERS REQUIRED		
NAME	TITLE & SOCIAL SECURITY NO.	HOME MAILING ADDRESS
NAME	TITLE & SOCIAL SECURITY NO.	HOME MAILING ADDRESS
NAME	TITLE & SOCIAL SECURITY NO.	HOME MAILING ADDRESS
HAS THIS CREDIT APPLICANT, ANY PREDECESSOR BUSINESS OR ANY OF ITS OFFICERS OR PARTNERS EVER SOUGHT PROTECTION THROUGH BANKRUPTCY PROCEEDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN

NAMES AND TITLES OF CORPORATE OFFICERS REQUIRED	
NAME	TITLE
NAME	TITLE
NAME	TITLE

CREDIT REFERENCES			
BANK REFERENCE			BRANCH
CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	PHONE NO.	CONTACT PERSON
TRADE REFERENCE			PHONE NO. FAX NO.
ADDRESS	ZIP CODE	CONTACT PERSON	
TRADE REFERENCE			PHONE NO. FAX NO.
ADDRESS	ZIP CODE	CONTACT PERSON	
TRADE REFERENCE			PHONE NO. FAX NO.
ADDRESS	ZIP CODE	CONTACT PERSON	

CONDITIONS OF SALE AND TERMS OF PAYMENT

In consideration of extension of credit, applicant agrees to the terms and conditions of sale set forth hereof and on each invoice: terms are net 10 days unless specified, finance charge of 1½% per month (18% APR) on unpaid delinquent balance, fee of \$20 for each NSF check and applicant to pay all costs and expenses including attorney fees incurred for collections and the enforcement of agreement. Accounts that reach 60 days will be placed on COD at least until current. The jurisdiction for actions that arise shall be in the state or federal courts of Oregon. The applicant agrees to notify Norcan handling Systems, LLC in writing of name, ownership, or legal changes to the applicant's status.

The above information is warranted to be accurate and true. I hereby authorize Norcan Handling Systems, LLC to pull a credit bureau report (consumer credit report if applicant is an individual, a sole proprietor, a partnership) and investigate the references listed pertaining to my/our credit and financial responsibility. I have read, understand, and accept the terms and conditions of sale as contained herein.

Authorized Signature: _____ Title: _____ Date: _____

EQUAL CREDIT OPPORTUNITY BUSINESS