

Internal Use Only					
Account #	Credit Limit				
Date Approved	MS#				

Portland Bolt & Manufacturing Credit Application

Please complete the entire application. If a question is not applicable to your company write N/A in the field. Company Information								
Company Name		Compan	y imormat	1011				
				T				
Billing Address				City		State	ZIP	
Physical Address				City		State	ZIP	
Phone	Fax #	Email for Invoices				ement required required		
		•						
		Additional Co	mpany Info	ormati				
Type of business				eral ID#				
Years in business	Num	ber of employees	ees Type of business Sole proprietor Partnership Corporation					
Exempt from Sales Ta	x in the following sta	ates: (please attach E	xemption Certif	icates)				
		Ownersh	ip Informa	tion				
Owner/Partner/President						Phone	Phone	
Partner/Vice President					Phone			
Partner/Vice President				Phone				
		Trade	Reference	S				
Name		Address				Email		
Name		Address	Address			Email		
Name		Address	Address			Email		
In lieu of an email, please provide a fax number								
Bank Information								
Bank			Contact					
Phone			Account #					
	Place re	ead and sign pa	ugo 2 "Torn	ne and	Conditions"			

Mailing Address: PO Box 2866 Portland, OR 97208

(800) 547-6758 Fax: (503) 323-0433

Physical Address: 3441 NW Guam St www.portlandbolt.com Portland, OR 97210 sales@portlandbolt.com



Phone: (800) 547-6758 **Fax:** (503) 323-0433

Email: sales@portlandbolt.com **Web:** www.portlandbolt.com

Portland Bolt & Manufacturing Terms and Conditions

We would like to take this opportunity to thank you for applying for credit with Portland Bolt & Manufacturing, Inc. We are confident that you will be satisfied with our line of products as well as our service.

In acknowledgment of our terms listed below, please have an officer of your company sign and return this letter along with your credit application. **Your application cannot be processed without a signed copy of this form.**

Again, thank you for using Portland Bolt & Manufacturing, Inc. for your fastener requirements.

TERMS

- All invoices are net 30 days from date of invoice
- All past due invoices will be charged a service charge.
- Accounts with invoices over 60 days (from date of invoice) will be changed to C.O.D.
- All returns are subject to prior approval and a restocking charge. A copy of the packing slip must accompany the return.

The undersigned company agrees to pay, in the event the account becomes delinquent and is

turned over to any attorney for collection	, reasonable attorney fees plus all c	ourt costs. Venue will					
be at the discretion of Portland Bolt & Manufacturing, Inc.							
Officer of the Company	Title	Date					

Please email both credit pages along with your Sales Tax Exemption Certificates to our credit department at:

ar@portlandbolt.com

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Company Name

(800) 547-6758

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