BBS | BERCO BILLING SERVICE
P.O. BOX 30237
PORTLAND, OR 97294

Tonkin
PARTS CENTER

(503) 254-2787
(800) 446-4975
FAX (503) 257-2284

COMMERCIAL CREDIT APPLICATION

PLEASE COMPLETE AND SIGN THIS CREDIT APPLICATION IN FULL TO BE CONSIDERED FOR OPEN ACCOUNT STATUS IF THE INFORMATION SUPPLIED IS INCOMPLETE OR FOUND TO BE INCORRECT, THIS MAY DELAY PROCESSING OF THE APPLICATION AND COULD AFFECT PROMPT DELIVERY OF PRODUCTS OR SERVICES.

I, (WE) SUBMIT THE FOLLOWING INFORMATION IN APPLYING FOR AN OPEN ACCOUNT.

BUSINESS NAME			TYPE OF BUSINESS		
ADDRESS			SHIPPING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE ( )			FAX ( )		
ACCOUNTS PAYABLE CONTACT					

COMPLETE APPLICABLE SECTION: ❑ INDIVIDUAL ❑ PARTNERSHIP ❑ CORPORATION ❑ SUBSIDIARY OF _____

	OWNER'S, OFFICER'S, DIRECTOR'S, OR PARTNER'S NAMES	ADDRESS	CITY	STATE	ZIP
1					
2					

YEAR INCORPORATED		STATE	YEARS IN BUSINESS

	OWNERS' SOCIAL SECURITY NUMBER		OWNERS' SOCIAL SECURITY NUMBER
1		2	

BANK NAME			CHECKING ACCOUNT #
ADDRESS			SAVINGS ACCOUNT #
CITY	STATE	ZIP	PHONE ( )

TRADE (1)				ACCOUNT #
ADDRESS	CITY	STATE	ZIP	PHONE ( )
TRADE (2)				ACCOUNT #
ADDRESS	CITY	STATE	ZIP	PHONE ( )
TRADE (3)				ACCOUNT #
ADDRESS	CITY	STATE	ZIP	PHONE ( )

ESTIMATED MONTHLY CREDIT REQUIREMENT

SUBJECT TO SALES TAX? ❑ YES ❑ NO	IF NO, LIST RESALE PERMIT #
SUBJECT TO PURCHASE ORDERS? ❑ YES ❑ NO	AUTHORIZED PERSON TO ISSUE P.O.

If representations made by the buyer in this credit application are subsequently found incorrect or incomplete, the right is reserved to reject the application and to negate any obligation to proceed with any merchandise. (1) Buyer recognizes Seller's term as Net 10th Prox and acknowledges and authorizes a service charge of 1-1½% per month (18% annual) on any past due amounts. (2) Seller shall have the right to (a) declare the entire amount due and payable if default occurs in making any payment when due, (b) In the event of default customer agrees to pay attorney and/or collection agency fees (c) To change the terms of the account from time to time (consistent with applicable law) to be effective not less than 30 days after given written notice (d) To limit the amount of credit extended under this account or terminate the account, upon giving written notice thereof; but it may avail itself of the terms of this agreement until full payment of the entire balance with Finance Charge to date of payment has been received. (3) In submitting this application for credit, I authorize you to investigate my credit record, for the purpose of procuring and establishing credit from time to time with supplier for purchase of goods, materials, and/or service, furnishes the above business and personal credit information.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE TO THE ABOVE SHOWN.	SIGNATURE OF OWNER/PARTNER OR OFFICER	DATE
	AUTHORIZED SIGNATURE OTHER THAN ABOVE	DATE

STATEMENT BALANCES ARE DUE ON THE 10TH OF THE FOLLOWING MONTH. A CREDIT LIMIT MAY BE ESTABLISHED AT OUR DISCRETION. A GUARANTEE OF PAYMENT BY OWNER(S) MAY BE REQUESTED.

INDIVIDUAL PERSONAL GUARANTEE

Date: _____

I, _____, residing at _____

for and in consideration of your extending credit at my request to (NAME OF COMPANY)

_____

(hereinafter referred as the "Company," of which I am (TITLE)_____,

hereby personally guarantee to you the payment of any obligation of the Company and hereby agree to bind myself to

pay you on demand of any sum which may become due to you by the Company whenever the Company shall fail to

pay the same. It is understood that this guarantee shall be continuing and irrevocable and indemnity for such indebted-

ness of the Company, I do hereby waive notice of default, non-payment and notice thereof and consent to any modifi-

cation or renewal of the credit agreement hereby guaranteed.

SIGNATURE _____

_____

NOTARY STAMP / WITNESS

ADDRESS _____