



**Open an account in:**

- Portland
- Tigard
- Bend

**CREDIT APPLICATION**

FORD GRAPHICS PO Box 5487, Portland, OR 97228  
Ph: 503.227.3424 Fax: 503.223.4254

Firm Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Fax: \_\_\_\_\_  
 Shipping Address \_\_\_\_\_ Email: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salesperson \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Branch \_\_\_\_\_

Type of Organization:  Corporation  Partnership  Individual or Sole Proprietor

**Corporate Officers, Proprietor or Partners** Fed. Tax ID. \_\_\_\_\_ S.S. # \_\_\_\_\_

Name	Title
(1) _____	_____
(2) _____	_____
(3) _____	_____

Number of Years in Business \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
 Do you use Purchase Orders? \_\_\_\_\_ Auth. Persons \_\_\_\_\_ Resale No. \_\_\_\_\_  
 Accounting Contact Person: \_\_\_\_\_

**TRADE REFERENCES** (Give only names of those you buy from on open account)

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ FAX \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ FAX \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ FAX \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BANK REFERENCES**

**Estimated line of credit required: \$** \_\_\_\_\_

Bank \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ Contact \_\_\_\_\_ Telephone \_\_\_\_\_

The above information is submitted for the purpose of obtaining credit from Ford Graphics and is warranted to be true. Applicant signature attests to financial responsibility, ability and willingness to pay all invoices in accordance with invoice terms.

**Terms of Payment:** All invoices are due and payable Net 30 Days. A monthly late charge of 1.5% will be assessed on any outstanding balance remaining unpaid 30 days after statement date.

**Collection of Accounts:** In the event Ford Graphics is compelled to place this account with a collection agency, or file suit to enforce collection, I/we agree to pay all reasonable collection and attorneys fees, and actual court costs associated. Upon default of any sum due under this agreement, the entire unpaid balance shall, at the option of Ford Graphics, become immediately due and payable. Should litigation be filed to enforce any of the agreements contained herein, I/we agree to jurisdiction and venue in Multnomah County, Oregon.

**Authorization:** I/we authorize Ford Graphics to request all necessary financial information from the banking & trade references listed above. I/we authorize the banking, trade references & credit bureaus to accept copies of this application as authorization to release financial and credit information on the account's name.

The undersigned warrants that he/she is authorized to sign on behalf of the company. The undersigned warrants they fully understand Ford Graphics' credit terms and agree to the proper payment in consideration of extended credit. Please Note: This Application must be signed by a Firm Partner, Corporate Officer or Sole Proprietor.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_