

All Spares, Inc.
Credit Application For Terms

Please complete this form and fax to 503-362-1084

Company Name: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Fax: _____
If Corporation, CEO: _____	
Names Of Other Officers: _____	

Billing Address: _____	
Shipping Address: _____	
Federal ID #: _____	D&B #: _____

Purchasing Contact, Name: _____	Phone: _____
Payable Contact, Name: _____	Phone: _____

Line Of Credit Amount Requested? _____

Authorized Purchasers (Names and Titles)
1. _____
2. _____

References (Please fill out completely or attach reference sheet and sign below)	
Trade Name: _____	Acct: _____
Address: _____	Phone: _____
City, State, Zip: _____	Terms: _____
Trade Name: _____	Acct: _____
Address: _____	Phone: _____
City, State, Zip: _____	Terms: _____
Trade Name: _____	Acct: _____
Address: _____	Phone: _____
City, State, Zip: _____	Terms: _____
Trade Name: _____	Acct: _____
Address: _____	Phone: _____
City, State, Zip: _____	Terms: _____

Service Charge Of 1.5% Per Month Will Be Assessed On All Past Due Accounts.

This application represents that the above information, to the best of the applicant's knowledge, is accurate and authorizes All Spares, Inc. to verify information by use of credit reporting agencies and/or bank and trade references listed above. Applicant's signature attests financial responsibility, ability, and willingness to pay all invoices in accordance with All Spares, Inc. published terms and conditions. All Spares, Inc. standard terms are net 30 days from invoice date unless otherwise stated and All Spares, Inc. may suspend terms in the event of past due accounts.

By (Signature): _____	Title: _____
By (Print Name): _____	Date: _____

For All Spares, Inc. Use Only		
Approved? _____	Credit Limit: \$ _____	Terms: _____
Approved By: _____	Credit Rpt: _____	D&B Rtg: _____
Bank: _____	If declined, why? _____	
Trade1: _____	Trade2: _____	Trade3: _____

Bank Information

RE: _____

I, the undersigned, authorize you to furnish All Spares, Inc., with the information requested below. This is in consideration of establishing credit terms. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

By: _____ Title: _____

Sir/Madam:

Please provide the following for our credit inquiry. Please note the above portion is an approval from our applicant to provide us the data.

Account Name: _____

Account Number: _____

Date Account Opened: _____

Average Daily Balance: _____

Returned Check History (if none, please indicate) _____

Is this account satisfactory? Yes _____ No _____

Signature of Bank Officer

Date

You can be assured that your reply will be held in strict confidence, and should you have any questions regarding this matter, feel free to contact me at (503) 362-0811.

Sincerely,
Patrick Nugent
Staff Accountant

2029 25th St. SE // Salem, Or 97302 - USA // Tel: 503-362-0811 // Fax: 503-362-1084