



CREDIT APPLICATION & AGREEMENT

Date: _____

APPLICANT

Business Legal Name	Phone
Physical Address	Fax
Mailing Address	Website

BUSINESS INFORMATION

President's Name		
Date Established	Number of Employees	Credit Amount Requested
AP Contact	Phone	Email

BANK REFERENCE

Bank Name	Branch	Phone
Contact Names	Account Number	Fax

TRADE REFERENCES

Name	Address	Phone
		Fax
Name	Address	Phone
		Fax
Name	Address	Phone
		Fax

The above information is submitted to Portland Container Repair Corporation (PCR) for consideration of a credit account. PCR is authorized to contact the references listed above.

INVOICING

PCR invoices will be distributed electronically via email to the contact listed above. Please contact Deborah Field at 503-286-5961 X 1331 if you have any questions.

PAYMENT TERMS

NET 15 DAYS of invoice date. Any balance not paid within these terms will be assessed a 1.5% finance charge. If the account has balances over 60 DAYS, the account may be placed on a CASH or COD basis until the account is made current.

FUEL SURCHARGES

Due to fluctuating fuel rates, the fuel surcharges will be adjusted on an as needed basis. Contact our dispatch department at rates@pdxcontainer.com for current rates.

PAYMENTS

Remit to: Portland Container Repair Corp.
8316 N. Lombard PMB 330
Portland, OR 97203-3727

I have signature authority for this company and agree to the terms and conditions of this credit application.

Authorized Signature & Title

Date

Printed Signature & Title

Return completed form to
Deborah Field - Portland Container

PHONE: 503-286-5961 X 1331
FAX: 503-286-0551
EMAIL: dfield@pdxcontainer.com