



# 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 [dispatch@pdxcontainer.com](mailto:dispatch@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.

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Authorized Signature & Title

Date

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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](mailto:dfield@pdxcontainer.com)