

Application for Credit

Sent: 11-28-16 10:28



13990 Fir Street Oregon City, OR 97045 Ph:503-908-7200 Fx:503-517-3559

BY

Company Name	Years In business	Phone	Fax	
Street Address		City	State	Zip
Prev Addresses if < 2 years		City	State	Zip
Mailing Address		City	State	Zip
Bill-To Address		City	State	Zip
Attention Of	Telephone Number	EMail		

The following information must be provided. It will be held in the strictest of confidence.

OWNERSHIP

	Corporation	Partnership	Individual	(Circle One)
Name(s) of Principal(s)				
Complete Address				Telephone Number
Name(s) of Principal(s)				
Complete Address				Telephone Number

FINANCE

Bank				Contact Name
Street Address		City	State	Zip
Account Number	Telephone Number	Fax Number		

REFERENCES

Company Name				
Street Address		City	State	Zip
	Telephone Number	Fax Number		
Company Name				
Street Address		City	State	Zip
	Telephone Number	Fax Number		
Company Name				
Street Address		City	State	Zip
	Telephone Number	Fax Number		

Hereby applies for credit in accordance with the terms and conditions of:

TO

TERMS

TGR Logistics, Inc
13990 Fir Street
Oregon City, OR 97045
Telephone: Fax:
Credit Rep: Admin

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. I authorize the release of credit information for the purpose of establishing an account.

Printed Name _____ Title _____

Signed _____ Date _____

How did you hear about us? Whom shall we thank for referring you? _____

For PRO Internal Use Only

PRO Salesperson _____ Credit Limit _____ Approved By _____ Approved Date _____ Acct# _____

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