



Corporate Office and Plant
 Fax: 503-620-3296
 Phone: 503-620-0520
 6700 S.W. Bradbury Ct.
 Portland, Oregon 97224

Date: _____

APPLICATION FOR CREDIT

Firm Name: _____

 Ownership: Corporation Partnership Proprietorship

Shipping Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

In the event of problems concerning payment, who may we contact:

_____ Phone: _____

Employer I.D. No. or Social Security No.: _____

Will your purchases require a purchase order? No Yes

REFERENCES: (Give only names of those you buy from on open account.)

1. Company Name: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Dept: _____ Contact Fax: _____

2. Company Name: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Dept: _____ Contact Fax: _____

3. Company Name: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Dept: _____ Contact Fax: _____

Bank Name: _____ Phone: _____

Account No: _____ Account Exec: _____

_____ (“Customer”)
 requests that LGInternational sell to it on open account. Customer agrees to pay invoices within thirty (30) days of receipt, one and one-half percent (1½%) per month interest charges on any sums not paid within thirty (30) days, and to pay LGInternational’s reasonable attorneys’ fees if litigated for delinquency.

Customer _____ By: _____