



Corporate Office:
 10035 SW Arctic Drive
 Beaverton, OR 97005
 503-641-8439
 Fax 503-626-8439
 www.compview.com

Application For Credit

Your Name _____ Title _____

Credit Information

LEGAL BUSINESS NAME		PHONE NUMBER () ()	FAX NUMBER () ()
CONTACT PERSON		EMAIL	
BILLING ADDRESS			
CITY	STATE	ZIP CODE	
<input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SUBSIDIARY OF <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> DIVISION		FIN / SSI:	
PARENT COMPANY		DOES PARENT COMPANY GUARANTEE DEBTS? () NO () YES (IF YES, PLEASE SUPPLY DETAILS)	
ADDRESS	CITY	STATE	ZIP CODE
TYPE OF BUSINESS	D&B LISTED	Y N	A/P ACCOUNT
If partnership or corporation, list names and titles of partners or officers			
NAME	TITLE	TELEPHONE	
NAME	TITLE	TELEPHONE	
Bank References Please Include Account Numbers			
BANK NAME		PHONE	FAX
ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT OFFICER	CHECKING ACCT. NO.	LOAN ACCT. NO.	
BANK NAME		PHONE	FAX
ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT OFFICER	CHECKING ACCT. NO.	LOAN ACCT. NO.	
Credit References Please provide the following information on four of your present suppliers			
NAME	PHONE	FAX	CONTACT/ACCT. NO.
ADDRESS	CITY	STATE	ZIP CODE
NAME	PHONE	FAX	CONTACT/ACCT. NO.
ADDRESS	CITY	STATE	ZIP CODE
NAME	PHONE	FAX	CONTACT/ACCT. NO.
ADDRESS	CITY	STATE	ZIP CODE
NAME	PHONE	FAX	CONTACT/ACCT. NO.
ADDRESS	CITY	STATE	ZIP CODE

CREDIT AGREEMENT

I understand that completion of this application does not guarantee credit approval. By signing this application, I also give approval for CVI to complete credit check processing with listed trade/banking references and parent or associated companies. Should a collection agency be used to collect payment, it is understood the corporation, for which I am signing for, will be held responsible for any collection fees, attorney fees and court costs if applicable.

Signature _____ Date _____