



### Application For Credit

**Corporate Office:**  
 10035 SW Arctic Drive  
 Beaverton, OR 97005  
 503-641-8439  
 Fax 503-626-8439  
**RETURN TO: [ar@compview.com](mailto:ar@compview.com)**  
 25 Years in Business

CVI AE \_\_\_\_\_ Title \_\_\_\_\_  
 Applicant \_\_\_\_\_

COMPANY INFORMATION										
BUSINESS NAME					PHONE			FAX		
PARENT COMPANY					WEBSITE					
CONTACT NAME					EMAIL					
ADDRESS							DUNN #			
CITY					STATE			ZIP		
TYPE OF BUSINESS					DATE BUSINESS ESTABLISHED					
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP								FIN / SSI		
<b>IF PARTNERSHIP OR CORPORATION, LIST NAMES AND TITLES OF PARTNERS OR OFFICERS</b>										
NAME				TITLE				PHONE		
NAME				TITLE				PHONE		
BILLING INFORMATION										
AP CONTACT NAME					PHONE			FAX		
BILLING ADDRESS										
CITY					STATE			ZIP		
SALES TAX	<input type="checkbox"/> YES* <input type="checkbox"/> NO				* ATTACH RESALE EXEMPT CERTIFICATE					
BANK REFERENCES										
Please include account numbers										
BANK NAME					PHONE			FAX		
ADDRESS				CITY			STATE			ZIP
ACCOUNT OFFICER				CHECKING ACCT. #			LOAN ACCT. NO.			
CREDIT REFERENCES										
Please provide the following information on four of your present suppliers										
NAME				PHONE			FAX			CONTRACT/ACCT. #
ADDRESS				CITY			STATE			ZIP
NAME				PHONE			FAX			CONTRACT/ACCT. #
ADDRESS				CITY			STATE			ZIP
NAME				PHONE			FAX			CONTRACT/ACCT. #
ADDRESS				CITY			STATE			ZIP

### 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 \_\_\_\_\_