



109 NE Roberts Ave. - Gresham, OR 97030

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## CREDIT APPLICATION

Name of Business: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years in Current Location: \_\_\_\_\_

Type of Business: Corporation: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_

Name of Principal Owner: \_\_\_\_\_

Person to Contact Regarding Payment: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Email Invoices and Statements to: \_\_\_\_\_

### Vendor References with Whom You Have an Open Account

1) Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2) Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Bank Reference

Name of Bank: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Who to Contact at Bank: \_\_\_\_\_

### Terms

1. Opening credit limit is \$500.
2. Our terms are strictly NET 30. Full payment is expected within 30 days of invoice date.
3. All legal fees, court costs, and collection fees will be paid by the applicant in the event of default on the terms of agreement.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_