



Internal Use Only	
Account #	Credit Limit
Date Approved	MS#

Portland Bolt & Manufacturing Credit Application

Please complete the entire application. If a question is not applicable to your company, write N/A in the field.

Company Information				
Company Name				
Billing Address			City	State ZIP
Physical Address			City	State ZIP
Phone	Fax #	Email for invoices	Requested credit amt.	<input type="checkbox"/> Statement required <input type="checkbox"/> P.O. required

Additional Company Information			
Type of business			Federal ID #
Years in business	Number of employees	Type of business <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	

Ownership Information	
Owner/Partner/President	Phone
Partner/Vice President	Phone
Partner/Vice President	Phone

Trade References		
Name	Address	Fax #
Name	Address	Fax #
Name	Address	Fax #

In lieu of a fax number, please provide a phone number preceded by the letter "P"

Bank Information	
Bank	Contact
Phone	Account #

Please read and sign page 2, "Terms and Conditions"

Mailing Address:
 PO Box 2866
 Portland, OR 97208

(800) 547-6758
 Fax: (503) 323-0433
 www.portlandbolt.com
 sales@portlandbolt.com

Physical Address:
 3441 NW Guam St
 Portland, OR 97210



Phone: (800) 547-6758 (503)
Fax: 323-0433
Email: sales@portlandbolt.com
Web: www.portlandbolt.com

Portland Bolt & Manufacturing Terms and Conditions

We would like to take this opportunity to thank you for applying for credit with Portland Bolt & Manufacturing, Inc. We are confident that you will be satisfied with our line of products as well as our service.

In acknowledgment of our terms listed below, please have an officer of your company sign and return this letter along with your credit application. **Your application cannot be processed without a signed copy of this form.**

Again, thank you for using Portland Bolt & Manufacturing, Inc. for your fastener requirements.

TERMS

- All invoices are net 30 days from date of invoice
- All past due invoices will be charged a service charge.
- Accounts with invoices over 60 days (from date of invoice) will be changed to C.O.D.
- All returns are subject to prior approval and a restocking charge. A copy of the packing slip must accompany the return.

The undersigned company agrees to pay, in the event the account becomes delinquent and is turned over to any attorney for collection, reasonable attorney fees plus all court costs. Venue will be at the discretion of Portland Bolt & Manufacturing, Inc.

Officer of the Company

Title

Date

Company Name

**Please fax both pages to our credit department
(503) 323-0433**

Mailing Address:
PO Box 2866
Portland, OR 97208

(800) 547-6758
Fax: (503) 323-0433
www.portlandbolt.com
sales@portlandbolt.com

Physical Address:
3441 NW Guam St
Portland, OR 97210