

MARK'S QUALITY REPAIR SERVICE,LLC

"A CUSTOMER DRIVEN COMPANY "

SHOP LOCATION

18211 SW BOONES FERRY RD.
PORTLAND, OREGON 97224
PHONE: (503) 670-9556
FAX: (503) 968-5223
EIN#72-1529376

MAILING ADDRESS

P.O.BOX 932
TUALATIN,OR 97062

APPLICATION FOR CREDIT

NAME OF COMPANY: _____ PHONE: _____

MAILING ADDRESS: _____ FAX: _____

CITY/ST/ZIP: _____ FED ID# _____

CORPORATION: _____ STATE: _____ INDIVIDUAL: _____ PARTNERSHIP: _____

OFFICERS/OWNERS NAMES: _____

IN BUSINESS SINCE: _____ TYPE OF BUSINESS: _____

ACCOUNT PAYABLES CONTACT: _____

BANK: _____ BRANCH: _____ ACCT# _____

PURCHASING CONTACT: _____ PO REQUIRED: _____

REFERENCES / ACCT# / ADDRESS / CITY / PHONE / FAX#

1. _____
2. _____
3. _____

CREDIT POLICY:

JUST AS OUR CUSTOMERS EXPECT GOOD SERVICE, WE WOULD ASK FOR YOUR ASSISTANCE AND COOPERATION IN OBSERVING OUR TERMS OF SALE, WHICH ARE **NET 30 DAYS** FROM DATE OF INVOICE.

OPEN ACCOUNT STATUS IS DEPENDENT UPON ADHERENCE TO THESE TERMS. ACCOUNTS PAST DUE WILL BE PLACED ON A TEMPORARY **C.O.D. STATUS**, UNTIL PAYMENT IS RECEIVED. IF LEGAL ACTION BECOMES NECESSARY TO COLLECT A DELINQUENT ACCCOUNT, CUSTOMER AGREES TO PAY ALL LAWYER'S FEES, THIRD PARTY COLLECTION AGENCY FEES, AND INTEREST.

APPLICANT ACKNOWLEDGES THAT THEY HAVE READ AND ACCEPT THE TERMS AND CONDITIONS SET FORTH ON THIS APPLICATION.

SIGNATURE: _____ TITLE: _____ Date: _____

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