



CREDIT APPLICATION

Credit Amount Requested

GENERAL INFORMATION

Legal Name of Firm: Telephone: Fax: Street Address: P.O. Box: City / State / Zip Code: Corporation Sole Proprietorship Partnership No. years in Business

OWNERS / OFFICERS

Names of Principals Title Federal ENT No. or SS No. UBI# CCB#

BANK REFERENCE

Name of Bank: Branch: Address: Account No.: Telephone: Fax:

TRADE CREDIT REFERENCES

YOUR TERMS

8970 Huff Avenue Brooks, OR 97303 Office 503-390-1113 Toll Free 800-322-1885

Name: Address: Telephone: Fax: Contact Person:

P.O. Box 9094 Brooks, OR 97305 Fax 503-390-3498

Name: Address: Telephone: Fax: Contact Person:

CCB # 121923 E-mail sales @ highwayspecialties.com Web www.highwayspecialties.com

Other Locations Vancouver, WA Toll Free 888-999-1207

Name: Address: Telephone: Fax: Contact Person:

Port Ludlow, WA Toll Free 866-350-1900



PERSONAL GUARANTEE OF PAYMENT

The undersigned, being all the owners and their spouses, hereby jointly and severally guarantee(s) payment of and all amounts owed at any time in the future by this company to Highway Specialties. The undersigned also agree(s) to pay all collection fees, including reasonable attorney fees, in the event that collection under this guaranty becomes necessary.

Dated this _____ day of _____, 20____.

| | |
|---------|--------|
| _____ | _____ |
| Owner | Owner |
| _____ | _____ |
| Spouse | Spouse |
| _____ | |
| Witness | |

Please note: Please be sure that this credit application is filled out in its entirety. Incomplete forms will be returned. You may fax this application to (503) 390-3498 or mail it to us at:

Highway Specialties
8970 Huff Ave.
Salem, OR 97303

Thank you for your cooperation.

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Brooks, OR 97303
Office 503-390-1113
Toll Free 800-322-1885

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CREDIT CARD INFORMATION

Name on Card: _____

Card No: _____ - _____ - _____ - _____ Expiration Date(mm/yy): _____

3 Digit Pin (located on back of card): _____



DATE: ____/____/____
TO: _____ (____) _____
FROM: _____

CREDIT REFERENCES

Company Name

Has applied to Highway Specialties for a line of credit. Please supply the following information:

1. How long have they been doing business with you? _____
2. High Balance - - - - - \$ _____.
3. Low Balance - - - - - \$ _____.
4. Current Balance - - - - - \$ _____.
5. Your Terms - - - - - \$ _____.
6. Do they pay as agreed? - - - - - YES _____ NO _____
7. Average Days to Pay - - - - - _____
8. Amount Past Due - - - - - \$ _____.

Authorized Signature for Release of Information

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Credit Applicant Please **SIGN ONLY** and return as soon as possible. **THANK YOU**

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