



**CREDIT APPLICATION**

**Credit Amount Requested**

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**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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

P.O. Box 9094

Brooks, OR 97305

Fax 503-390-3498

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

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CCB # 121923

E-mail sales @ highwayspecialties.com

Web www.highwayspecialties.com

**Other Locations**

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

Vancouver, WA

Toll Free 888-999-1207

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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.

8970 Huff Avenue  
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**

**Highway Specialties**  
**8970 Huff Avenue**  
**Brooks, OR 97303**  
**FAX # (503) 390-3498**