

Company Information

_____		_____	
Company name		Federal Tax ID / SSN	
_____		_____	
Division of/DBA		Distribution Channel	
_____		_____	
Address 1		Address 2	
_____	_____	_____	
City	State	Zip	
_____	_____	_____	_____
Phone	Fax	Website	E-mail
_____	_____	_____	
Year Established	Years at Current Location	Total Annual Sales	
_____	_____	_____	
Accounts Payable Name	Accounts Payable Phone	Accounts Payable E-mail	

***** Resale certificate must be attached/submitted with application *****

Owner/Executive Information

_____	_____	_____	
Name	Title	E-mail	
_____	_____	_____	
Name	Title	E-mail	

Authorized Purchasers

_____	_____	_____	
Name	Phone	E-mail	
_____	_____	_____	
Name	Phone	E-mail	

Has any person(s) or affiliated companies listed above ever been bankrupt? Yes No

Judgements/Liens on the individuals/affiliates listed above? Yes No

Legal actions on the individuals/affiliates listed above? Yes No



CORPORATE OFFICES
P.O. BOX 55460
PORTLAND, OR 97238-5460
PHONE: 503-255-2200 800-722-RAIN
FAX: 503-256-3886

References:

Bank

_____	_____	_____
Institution Name	Address	City / State / Zip
_____	_____	_____
Account Number	Contact Name	Phone

Industry Trade

_____	_____	_____
Company Name	Contact Name	City / State / Zip
_____	_____	
Phone	E-mail	
_____	_____	_____
Company Name	Contact Name	City / State / Zip
_____	_____	
Phone	E-mail	
_____	_____	_____
Company Name	Contact Name	City / State / Zip
_____	_____	
Phone	E-mail	

Signature

I the undersigned, pledge that all information listed above is correct and to pay all debts according to the terms set forth in the invoice. I agree to pay 1 1/2% per month finance charge on all invoices 30 days or more days past due. Minimum late charge is \$10.00. In the event any collection proceedings are required against my account, I agree to pay legal fees and/or collection fees. If a suit is brought, venue may be laid in the state of Oregon.

Claims or Returns:

All claims must be made within 10 days of receipt of goods. No Returns accepted without written authorization.

Owner or Officer of company please sign below.

_____	_____	_____
Print Name	Signature	Date

If your account is not granted open terms you may be charged by Visa, MasterCard, American Express or Discover.