



APPLICATION FOR CREDIT

NAME OF FIRM PHONE
SHIPPING ADDRESS FAX
CITY ST ZIP FED ID#
MAILING ADDRESS TAX#
CITY ST ZIP COUNTY
CORPORATION STATE INDIVIDUAL PARTNERSHIP
OFFICERS/OWNERS NAMES
ACCOUNT PAYABLES CONTACT
IN BUSINESS SINCE TYPE OF BUSINESS
BANK BRANCH ACCT#
BACK ORDERS ACCEPTED Y N PO REQUIRED Y N
PURCHASING CONTACT
References Acct# Address City Phone/Fax#

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CREDIT POLICY - All invoices due the 10th of the month following purchase. Billing period closes the 25th of each month. All accounts will be service charged the 25th of the following month, if not paid. At that time, your account will be placed on a temporary COD BASIS, until payment is received. If legal action becomes necessary to collect a delinquent account, purchaser agrees to pay all lawyer's fees, collection agency fees, and interest, also, reasonable fees and court costs, including cost of appeal. Venue shall be set in Multnomah County, Oregon. Your signature below and/or on the delivery receipt is presumed to establish your acceptance of the terms and conditions set forth herein, without exception, and is your agreement to comply with said terms.

Applicant acknowledges that they have read and accept the terms and conditions set forth on this application.

Warranty regulations are on file in the ASE office. Copies sent upon request.

I/We agree to all of the above conditions set forth and understand the terms as stated.

Signed Title

Please print name Date

(unsigned applications will not be considered for credit accounts)

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