



### Credit Application Form

Please complete, sign and return this form  
By fax to (503) 249-1624

<b>BILLING ADDRESS</b>		<b>SHIPPING ADDRESS</b>	
Company Name		Company Name	
Attention		Attention	
Address		Street Address	
City, State, Zip		City, State, Zip	
Telephone	Fax	Telephone	Fax
Email		Email	

<b>GENERAL INFORMATION</b>				
Federal Tax ID	Company Composition <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S Corp			Corporation State Of:
Dun & Bradstreet (D&B) No.	At Present Location Since (Date)	Are Premises Leased?	Amount of Credit Desired:	
Principal / Owner – 1	Title	Percentage of Ownership	Email	Phone / Extension
Principal / Owner – 2	Title	Percentage of Ownership	Email	Phone / Extension

<b>ORDERING INFORMATION</b>				
Are Written Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Merchandise for Resale? <input type="checkbox"/> Yes <input type="checkbox"/> No		Resale No (if applicable – please attach copy of certificate)
Purchasing Agent	Phone / Extension	Fax Number	Email	
Accounts Payable Contact	Phone / Extension	Fax Number	Email	

<b>BANK INFORMATION</b>				
Bank Name	Branch Name	Bank Officer / Contact	Phone / Extension	
Bank Address	City	State	Zip	Type of Account and Account Number

<b>TRADE REFERENCES - (Three Required)</b>				
Company Name	Mailing Address	City / State / Zip	Phone	Fax
Company Name	Mailing Address	City / State / Zip	Phone	Fax
Company Name	Mailing Address	City / State / Zip	Phone	Fax

<b>TERMS &amp; CONDITIONS</b>				
All accounts are COD until a credit application has been completed, reviewed and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full				

<b>ACCEPTANCE AND APPROVAL</b>		
Signing this agreement indicates your acceptance of the terms and conditions as stated, in addition, you authorize Ivy Equipment Company to make any and all inquiries necessary to process this credit application.		
Name & Title of Authorized Representative	Date	Signature

IVY EQUIPMENT, LLC  
 PO Box 55187 • Portland, OR 97238  
 Phone: (503) 246-1619  
 Fax: (503) 249-1624

*Please allow at least two business days to process your request for credit. If you require your rental unit before we can establish your account, we will gladly accept payment by Visa or Mastercard.*