



Cabinet Door Service
 2900 Pringle Road SE
 Space #150
 Salem, OR 97302

Toll Free: (800) 800-9382
 Phone: (503) 363-6367
 Fax: (503) 363-6510

/ /
Date

Note:
 Non-Oregon based businesses need to provide a valid Reseller's Certificate with this Application. Please download from www.cabdoor.com.

Credit Application

Company Information

Company Name	DBA or Assumed Business Name
Mailing Address	Shipping Address (if different)
City State Zip	City State Zip
Phone	Type of Business Yrs in Business
Mobile Phone	E-mail Address
Fax	Website Address

Names of Proprietor, Partners, or Corporate Officers

Name Title	Name Title
Social Security Number Year of Birth	Social Security Number Year of Birth
Home Street Address	Home Street Address
City State Zip	City State Zip

Authorized Signature

For the purpose of obtaining credit for material purchases from Cabinet Door Service Co. LLC, the undersigned Applicant(s) submit the above information which is warranted to be true and correct. Applicant(s) grant Cabinet Door Service a continuing authorization to contact credit references and make all other credit inquiries it deems necessary, including but not limited to utilization of outside credit reporting agencies. Applicant(s) authorizes the release of information to Cabinet Door Service. Applicant(s) agree(s) to pay all reasonable costs of collection incurred by Cabinet Door Service - including but not limited to Collection Agency fees, legal filing fees, attorney fees, as well as any all costs incurred to collect past due amounts. Applicant(s) further agree(s) to pay late payment charges of 2% per month (24% per annum), or the maximum allowed by law, whichever is less, on all past due balances.

- Sole Proprietorship
- Partnership
- Corporation (S, C, LLC)

\$ _____
 Credit Limit Desired
 (Estimated monthly purchases)

X _____
 Authorized Signature
 _____ / _____ / _____
 Date Title

If Corporation, Please Complete This Section

Personal Guarantee: To Induce Cabinet Door Service Co. LLC to extend credit to the Applicant(s) named above and in consideration thereof, the undersigned, and if more than one, jointly and severally, unconditionally guarantee all obligations of Applicant(s) to Cabinet Door Service Co. LLC, including, but not limited to, payments of all amounts, including invoice amounts, late payment charges, collection and attorney costs/fees, and any indebtedness which now or at any time in the future may be owing by the Applicant(s), or any successor thereof.

 Individually

 Date

 Individually

 Date

Supplier References

For Credit Line Requests - \$5,000 and greater

Please provide 4 supplier references with whom you have open accounts

Company Name
Contact
Address
Account Number
Phone () -
Fax () -
Company Name
Contact
Address
Account Number
Phone () -
Fax () -

Company Name
Contact
Address
Account Number
Phone () -
Fax () -
Company Name
Contact
Address
Account Number
Phone () -
Fax () -