

GENERAL TRAILER PARTS LLC

Mailing Address
P O Box "G"
Springfield OR 97477
FAX to: (541) 736-2042

CREDIT APPLICATION



Springfield OR

Headquarters
1420 South "B" Street
P O Box "G"
Springfield OR 97477

Phone: (541) 746-8218
1 (800) 452-9532
FAX: (541) 736-2042

Milton / Seattle WA

Branch Office
7200 Pacific Hwy E
Milton WA 98354

Phone: (253) 926-8903
1 (800) 562-8380
FAX: (253) 926-8908

Oregon City / Portland OR

Branch Office
21195 Hwy. 99E
Oregon City OR 97045

Phone: (503) 263-2702
1 (800) 452-9683
FAX: (503) 266-9498

Redding CA

5875 East Side Road
Redding CA 96001

Phone: (916) 246-3813
1 (800) 475-4057
FAX: (916) 246-3823

BUILDING THE BEST - REPAIRING THE REST

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GENERAL TRAILER PARTS LLC

**Credit Application
Terms and Conditions**

- 1. Payment Terms:** Net 10th of the month following sale. Two percent (2%) per month service charge on all past due balances. (Service charge is subject to change without notice.) Accounts past due will be put on a C.O.D. basis. Credit privilege can be regained when the account is paid in full, including service charges.
- 2. Returned Goods:** No materials may be returned without prior written authorization from General Trailer LLC. All authorized returns must be shipped freight prepaid and are subject to a restocking charge. Unauthorized returns will be refused.
- 3. Terms and Conditions of Sale:** Buyer agrees to and is bound by all terms and conditions as stated on General Trailer LLC standard invoice form. A copy of the invoice with terms applicable to each shipment shall be provided with the shipment.
- 4. Invoicing & Statements:** All new equipment sales, repairs and parts will be billed by General Trailer LLC.
- 5. Minimum Requirements for an Open Account:** 1) At least one year in business. 2) Three trade references.

The undersigned hereby agrees to and will abide by all terms and conditions as set forth above.

Signature _____ Title _____ Date _____

GENERAL INFORMATION						
Company Name					Date	
Mailing Address			Shipping Address			
City	State	Zip	City	State	Zip	
Telephone Number () _____			Federal Tax ID Number _____			
FAX Number () _____			Check Appropriate Box : <input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt			
Year Established _____			Resale # _____			
TYPE OF OWNERSHIP						
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation State of Incorporation _____						
Company Officers		Title	Length of service in Years	(%) Percent of Ownership	Active	Inactive
OTHER LOCATIONS						
Street Address			Street Address			
City	State	Zip	City	State	Zip	
CREDIT REFERENCES						
Please Include at Least One Parts or Repair Reference						
Name			FAX ()			
City	State	Zip	Phone ()			
Name			FAX ()			
City	State	Zip	Phone ()			
Name			FAX ()			
City	State	Zip	Phone ()			