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BURLEY ACCOUNT NUMBER

CREDIT LIMIT REQUESTED

CREDIT LIMIT REQUESTED

*\*Attach financial statements if credit request is \$5,000 or greater*

## BUSINESS INFORMATION

Legal Name of Applicant \_\_\_\_\_

Doing Business As \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Applicant in a: Corporation    LLC    Partnership    Proprietorship    Other (    )

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ FEI Number \_\_\_\_\_

Resale Certificate Number (attach copy) \_\_\_\_\_ Years in Business \_\_\_\_\_

Annual Gross Sales \_\_\_\_\_

## OWNER(S)/OFFICERS

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

## OTHER INFORMATION

Accounts Payable Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Buyer Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## FINANCIAL REFERENCES

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact \_\_\_\_\_ Account # \_\_\_\_\_

**NAME OF MERCHANT SERVICES PROVIDER**

Credit Card Processing Co \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact \_\_\_\_\_ Account # \_\_\_\_\_

Does a bank, insurance company, or other creditor hold a security interest in your accounts receivable and/or inventory for loans advanced or accounts payable? Yes No

If yes, please state names of security interest holder(s): \_\_\_\_\_

Have any owners or officers, as an individual, partner, or shareholder ever filed for bankruptcy?

Yes No If yes, date and location: \_\_\_\_\_

The Applicant hereby authorizes the above bank to release all information requested. It is understood that all information will be kept confidential.

**TRADE REFERENCES**

**Name** \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact \_\_\_\_\_ Account # \_\_\_\_\_  
Email \_\_\_\_\_ Credit Limit \_\_\_\_\_ Payment Terms \_\_\_\_\_

**Name** \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact \_\_\_\_\_ Account # \_\_\_\_\_  
Email \_\_\_\_\_ Credit Limit \_\_\_\_\_ Payment Terms \_\_\_\_\_

**Name** \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact \_\_\_\_\_ Account # \_\_\_\_\_  
Email \_\_\_\_\_ Credit Limit \_\_\_\_\_ Payment Terms \_\_\_\_\_

The representations provided in this Application are complete and accurate. I understand the information provided will be relied upon in the evaluation and extension of credit terms. I authorize the release at any time of information by creditors listed above as well as other suppliers. The terms and conditions of this Application shall, upon extension of credit by Burley Design, constitute an agreement of sale. The Applicant agrees to be bound to the terms and conditions stated in this Application, and in any subsequent changes made to the account in Burley's sole discretion. The payment for all sales of goods or services will be according to the terms stated on the Burley Design invoice. The failure to pay on the due date of each invoice shall deem the debt to be delinquent. In the event of a delinquency, Burley Design may impose a late charge at one and one-half percent per month on the delinquent balance until paid. In the event of a delinquency, all collection expenses, including collection agency fees and costs, and attorney's fees in connection with the collection of the delinquent debt regardless of whether litigation is filed shall be due and payable by the Applicant. Burley Design shall have the right in its sole discretion at any time, without notice to Applicant, to discontinue credit extensions and place the Applicant on a COD and/or credit card basis. The interpretation of this agreement shall be subject to the laws of the State of Oregon, and any necessary legal action shall be brought in Lane County, Oregon.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title