



# EXPRESS ACCOUNT APPLICATION

Mail/Payment Address | Wilsonville Office: 27150 SW Kinsman Rd Wilsonville, OR 97070 Ph: (503) 570-0171 Fax (503)570-5485 or (503)570-5433  
www.ntpdistribution.com

ATTENTION: BEFORE WE CAN PROCESS THIS ACCOUNT APPLICATION, ALL FIELDS MUST BE COMPLETED AND SIGNED BELOW BY AN AUTHORIZED REPRESENTATIVE OF YOUR COMPANY.

Once we've received this completed form your company will be able to purchase any of the thousands of RV parts and accessories that we stock in any of our four strategically placed warehouse locations. This form will establish your account for immediate COD or credit card purchases. If you desire credit terms simply check off the appropriate box below and we will follow up with the forms necessary for your company to establish credit terms.

IF YOU WANT TO RECEIVE CREDIT TERMS, PLEASE FILL OUT THE STANDARD APPLICATION INSTEAD.

BUSINESS NAME: (FULL LEGAL NAME) \_\_\_\_\_  
DOING BUSINESS AS: \_\_\_\_\_  
SHIPPING ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_  
YEAR BUSINESS ESTABLISHED: \_\_\_\_\_ AT PRESENT LOCATION SINCE: \_\_\_\_\_

**BUSINESS TYPE:**  CORPORATION  PARTNERSHIP  PROPRIETOR  LLC (Please attach a copy of your State Resale Certificate)

**TYPE OF BUSINESS:**  PARTS  UNIT SALES  SERVICE  RENTAL  OTHER \_\_\_\_\_

**BUSINESS REFERENCES: (PLEASE LIST NAMES OF OTHER DISTRIBUTORS YOU CURRENTLY BUY FROM ON CREDIT)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

PLEASE CHECK HOW YOU WISH TO PAY:  C.O.D.  CREDIT CARD (WE WILL FOLLOW UP WITH YOU AFTER RECEIPT OF THIS ACCOUNT APPLICATION TO OBTAIN YOUR CREDIT CARD TYPE AND NO.)  
 CHECK THIS BOX IF YOU WOULD LIKE TO APPLY FOR CREDIT TERMS. WE WILL SEND THE APPROPRIATE FORMS TO THE PERSON LISTED BELOW.

NAME OF PERSON TO CONTACT OR WHO CAN COMPLETE THE ACCOUNT APPLICATION FOR CREDIT TERMS: \_\_\_\_\_  
ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PURCHASING CONTACT: \_\_\_\_\_  
ACCOUNTS PAYABLE EMAIL: \_\_\_\_\_ PURCHASING EMAIL: \_\_\_\_\_

**BUSINESS LICENSE NUMBER:** \_\_\_\_\_ **FEDERAL I.D. #:** \_\_\_\_\_  
(Please include a copy of your valid Business License)

## TERMS, CONDITIONS & INSTRUCTIONS

I/We agree to pay interest at the rate of 1-1/2% per month (\$5.00) minimum on all past-due accounts. Payments made on past-due accounts will be applied to the service charges and the balance applied to the principal. Should action be required to enforce payment of any past-due account, I/We agree to pay all costs, including but not limited to, court costs, attorney's fees and collection agency charges, which may be incurred or expended. The undersigned consents to NTP Distribution obtaining a consumer credit report on (name of sole Proprietor/President/Officer of the Corporation/LLC/partnership) for the purposes of evaluating the credit worthiness of (name of sold Proprietor/President/Officer of the Corporation/LLC/partnership), in connection with this application.

Signed By: \_\_\_\_\_  
Please Print or Type

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:** Our Terms & Instructions are listed on the inside of our price book. Payment terms are printed on each invoice. A \$20.00 -\$50.00 charge will be billed to your account covering each returned check N.S.F., rates may vary depending on applicable state laws. A \$10.00-\$20.00 charge for LTL COD fees and \$9.50 charge for UPS COD fees will be added to your invoice in lieu of the freight carrier collecting their normal rate. These charges may increase or change without notice covering a rate increase.