



ACCOUNT APPLICATION

Mail/Payment Address | Wilsonville Office: 27150 SW Kinsman Road Wilsonville, OR 97070 Ph: (503) 570-0171 Fax (503) 570-5433

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

BUSINESS NAME: (FULL LEGAL NAME) _____

DOING BUSINESS AS: _____

SHIPPING ADDRESS: _____ COUNTY: _____
CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ COUNTY: _____
CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____

EMAIL ADDRESS: _____

YEAR BUSINESS ESTABLISHED: _____ AT PRESENT LOCATION SINCE: _____

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

PRINCIPALS:

▶ NAME: _____ TITLE: _____ % OF OWNERSHIP _____
HOME ADDRESS: _____ SSN: _____ - _____ - _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: () _____

▶ NAME: _____ TITLE: _____ % OF OWNERSHIP _____
HOME ADDRESS: _____ SSN: _____ - _____ - _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: () _____

BUSINESS REFERENCES: (LIST OPEN ACCOUNTS)

▶ NAME: _____ ACCT. #: _____ PHONE: () _____ FAX: () _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

▶ NAME: _____ ACCT. #: _____ PHONE: () _____ FAX: () _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

▶ NAME: _____ ACCT. #: _____ PHONE: () _____ FAX: () _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BANK REFERENCE – BUSINESS CHECKING ACCOUNT

NAME: _____ ACCT. #: _____ PHONE: () _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PLEASE CHECK HOW YOU WISH TO PAY: C.O.D. 1%-10 DAY DISCOUNT NET 30 DAYS OTHER _____

ESTIMATED ANNUAL PURCHASE OF PARTS & ACCESSORIES...

FROM ALL PARTS SUPPLIERS: \$ _____

FROM NTP DISTRIBUTION: \$ _____

PARTS MANAGER: _____ ACCOUNTS PAYABLE CONTACT: _____

PARTS EMAIL ADDRESS: _____ ACCOUNTS PAYABLE EMAIL ADDRESS: _____

TERMS, CONDITIONS & INSTRUCTIONS

In consideration of extension of credit, 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: _____
(Print Name)

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.



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BUSINESS LICENSE NUMBER: _____ **FEDERAL I.D.#:** _____

TO BETTER SERVE YOU, WE HAVE THE FOLLOWING SERVICES AVAILABLE:

- ▶ DO YOU ACCEPT BACK ORDERS: YES NO
- ▶ DO YOU REQUIRE P.O. NUMBERS TO BE USED: YES NO
- ▶ DO YOU REQUIRE FAX OR EMAIL ORDER ACKNOWLEDGEMENTS?
 YES NO
- FAX #: _____
- Email: _____

NOTE: FAX NO. MUST BE A DEDICATED FAX LINE, ON 24/7.

- ▶ AUTHORIZED PURCHASER'S FULL NAMES: _____
- ▶ PARTS DEPARTMENT PHONE #: _____ FAX #: _____
- ▶ COMMENTS: _____

ATTENTION: BEFORE WE CAN PROCESS THIS ACCOUNT APPLICATION, ALL FIELDS MUST BE FILLED OUT COMPLETELY. ALL SIGNATURES MUST BE SIGNED BY THE OWNER OR IN THE CASE OF A CORPORATION, AN OFFICER AUTHORIZED TO SIGN ON BEHALF OF YOUR COMPANY. THANK YOU FOR YOUR COOPERATION.

IMPORTANT: THIS MUST BE FILLED OUT COMPLETELY AND SIGNED BY OWNER.

PERSONAL GUARANTY

- ▶ CITY & STATE: _____
- ▶ DATE: _____

TO: NTP DISTRIBUTION

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.

In Consideration of your having consented, at our request, to provide inventory, and other items incidental to our operations (referred to as sales) to (company name) _____ of (location) _____, _____ and to extend credit therefor and/or to extend the time for payment of obligations already matured we and each of us jointly and severally, hereby guarantee to you the payment of such sums of money as may be due, or at any time or times hereafter become due to you from said (company name) _____ in respect of sales as defined herein, and (growing out of said relationship). And you are authorized, without notice to us to give said (company name) at any time and in any form such extension or extensions of credit as you deem proper, or to accept security for said credits or extensions thereof now or later evidenced by promissory notes or other bills of exchange and all their terms and provisions thereof, waiving any notice, demand, presentment, and notice of dishonor hereunder. This instrument shall be a continuing guaranty and shall remain effective until cancelled in writing by either party. This cancellation must be sent via Registered Mail – return receipt requested. We here-by waive notice of the acceptance of this guaranty.

Choice of Law: This agreement and the rights and liabilities of the parties shall be governed by applicable Federal Law and the Laws of the State of Oregon. In the event of suit enforcement of this agreement, venue shall take place in any applicable state or federal court located in Multnomah County.

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 creditworthiness of (name of sole Proprietor/President/Officer of the Corporation/LLC/partnership), in connection with this application.

SIGNED BY: _____
PLEASE PRINT OR TYPE

SIGNATURE: _____
SIGNATURE

SSN #: _____ - _____

DATE: _____

SIGNED BY: _____
PLEASE PRINT OR TYPE

SIGNATURE: _____
SIGNATURE

SSN #: _____ - _____

DATE: _____