



# CREDIT APPLICATION

**Business Legal Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

A/P Address: \_\_\_\_\_

Primary A/P Contact: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # : \_\_\_\_\_ Email: \_\_\_\_\_

Ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

Federal ID #: \_\_\_\_\_ Credit Line Requested: \_\_\_\_\_

Date Established \_\_\_\_\_ Number of Employees \_\_\_\_\_

## Active Trade References

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

## Primary Bank

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Account Number: \_\_\_\_\_

The above information is submitted to Portland Container Repair Corporation (PCR) for consideration of a credit account. PCR is authorized to contact the references listed above.

**INVOICING**

PCR invoices will be distributed electronically via email to the contact listed above.  
Please contact Deborah Field at 503-286-5961 ext 330 if you have any questions.

**PAYMENT TERMS**

NET 15 DAYS of invoice date. Any balance not paid within these terms will be assessed a 1.5% finance charge. If the account has balances over 60 DAYS, the account may be placed on a CASH or COD basis until the account is made current.

**FUEL SURCHARGES**

Due to fluctuating fuel rates, the fuel surcharges will be adjusted on an as needed basis. If you have any questions, please contact PCR Dispatch at 503-286-5961 Ext 321.

**PAYMENTS**

Remit to: Portland Container Repair Corp. 8316 N. Lombard PMB 330  
Portland, OR 97203-3727

I have signature authority for this company and agree to the terms and conditions of this credit application.

---

Authorized Signature & Title

Date

---

Printed Signature & Title

Return completed form to:  
Deborah Field – Portland Container  
FAX – 503-286-0551  
Email – [dfield@pdxcontainer.com](mailto:dfield@pdxcontainer.com)  
Phone – 503-286-5961 Ext 330