



PO Box 27 / 1717 N Baker St. , McMinnville, OR 97128 / Phone: (503) 472-6114 / Fax: (503) 472-4412

Branch Locations:

317 S. Bridge St.,  
Sheridan, OR 97378  
(503) 843-2211

155 N. Yamhill  
Carlton, OR 97111  
(503) 852-7071

373 N. Pacific Hwy  
Monmouth, OR 97361  
(503) 838-0460

1655 James St.  
Woodburn, OR 97071  
(503) 981-3391

21385 Santiam Hwy  
Mehama, OR 97384  
(503) 859-2100

145 N. 3rd St.  
Stayton, OR 97383  
(503) 769-2141

1480 Hwy Avenue  
Reedsport, OR 97467  
(541) 271-2121

114 Ivy Avenue  
Tillamook, OR 97141  
(503) 842-4451

1221 SW Hwy 101  
Lincoln City, OR 97367  
(541) 994-5224

4480 Hwy 101 N  
Florence, OR 97439  
(541) 997-3428

CREDIT APPLICATION FOR BUSINESS FIRM

Date \_\_\_\_\_

Name of Company \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Subsidiary  Division of \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business is  Proprietorship  Partnership  Corporation  Other County \_\_\_\_\_

Chartered in what state? \_\_\_\_\_ Year Business Established? \_\_\_\_\_

Type of Business \_\_\_\_\_ Purchase Order Required Yes \_\_\_\_\_ No \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_ Federal ID # \_\_\_\_\_

Email Address \_\_\_\_\_

Owner (if applicant is a sole Proprietorship or partnership) \_\_\_\_\_ Officers (if a corporation) \_\_\_\_\_

Table with 3 columns: Name, Home Address, Home Phone, S.S.#, D.O.B., Dr.Lic.#. Contains three rows of owner/officer information.

BUSINESS/TRADE REFERENCES

- 1. Name of Business, Address, Telephone
2. Name of Business, Address, Telephone
3. Name of Business, Address, Telephone
4. Name of Business, Address, Telephone

Bank Name \_\_\_\_\_ Acct.# \_\_\_\_\_ Phone \_\_\_\_\_  Checking  Savings

Bank Name \_\_\_\_\_ Acct.# \_\_\_\_\_ Phone \_\_\_\_\_  Checking  Savings

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:

- 1. All bills are due and payable, in full, on or before the tenth(10 the) of the month following the date of purchase.
2. Any account that is 30 days past due will automatically be put on "HOLD" and contacted prior to the issuing of further open account buying privileges.
3. Any account that is 60 days or more past due will automatically be put on a cash basis.

The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Davison Auto Parts to investigate the references listed pertaining to my/our credit and financial

Firm Name \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

# INDIVIDUAL PERSONAL GUARANTY

Date \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
for and in consideration of your extending credit at my request to \_\_\_\_\_  
\_\_\_\_\_ (hereinafter referred to as the "Company"),  
of which I am \_\_\_\_\_, hereby personally guarantee to you the payment at **Davison  
Auto Parts, Inc.**, in the State of Oregon, of any obligation of the Company and I hereby agree to bind myself  
to pay to you on demand any sum which may become due to you by the Company whenever the Company  
shall fail to pay the same. It is understood this guaranty shall be a continuing and irrevocable guaranty and  
indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice  
thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Authorized signers List: