

ARCHITECTURAL SPECIALTIES INC.

ASI

MANUFACTURER OF:
SKYLIGHTS
ROOF HATCHES
SMOKE VENTS
SIGNROOMS

2221 S.E. OCHOCO PORTLAND, OREGON 97222
MAIL ADDRESS: P.O. BOX 22325 MILWAUKIE, OREGON 97269-2325
PHONE (503) 232-2966 FAX (503) 232-4628

APPLICATION FOR CREDIT

Date _____

FIRM NAME: _____ Fed. ID# _____
Street Address _____ Phone _____
Mailing Address _____ Fax _____
City _____ State _____ Zip _____

Corporation _____ Partnership _____ Proprietorship _____
Contractors License # _____ State _____
State Incorporated _____ Month _____ Day _____ Year _____
If not incorporated, date business started: _____ Month _____ Year _____

Local Business or Trade References:	Address	Phone/Fax
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Bank References:
1. _____
2. _____

Checking Account #: _____
Are purchase order numbers required: _____ Yes _____ No

In consideration of extension of credit, we are listing some information explaining our Company Policy. 1. Pay from invoices, no statements sent. 2. Our month ending is the last day of the month. 3. Our established terms of sale are NET 30. Payments are expected within this period. 4. Service charge on all past-due accounts is 1½% per month after 30 days (A.P.R. 18%) Late charges must be paid. 5. In event of default, the applicant agrees to pay reasonable collection costs and attorneys fees. I HAVE READ, AND UNDERSTAND, AND ACCEPT THE ABOVE TERMS & CONDITIONS OF SALE.

Date _____ Authorized Signature _____ Title _____