



Credit Application

How did you hear about CDN? _____
CDN Representative? Please give name. _____

Company Information *(Please print clearly in black or blue ink.)*

Amount of credit you are applying for \$ _____

COMPANY _____ DBA _____

BILLING ADDRESS _____ CITY _____ ST _____ ZIP _____

COUNTRY _____ TEL _____ FAX _____ EMAIL _____

CONTACT NAME _____ TITLE _____

SHIPPING ADDRESS (IF DIFFERENT) _____ CITY _____ ST _____ ZIP _____

COUNTRY _____ TEL _____ FAX _____ EMAIL _____

CONTACT NAME _____ TITLE _____

TYPE OF BUSINESS: CORP PARTNERSHIP SOLE PROPRIETORSHIP LLC LP LC

YEARS IN BUSINESS _____ OFFICER _____

CORPORATION PRINCIPLE OR OFFICER (FULL NAME) _____

TITLE _____ DIRECT TEL _____ FAX _____ EMAIL _____

SUBSIDIARY PARENT NAME _____ TEL _____

ADDRESS _____ FAX _____ EMAIL _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____ OFFICER _____

Component Design Northwest, Inc. terms are "due on or before the 30th day from invoice date" unless otherwise noted on the invoice. Finance charges of 1.5% will be added to all past due invoices. My signature is approval and agreement to pay all fees for the purpose of collecting past due amounts on my behalf or on behalf of my company, through outside agencies including and not limited to collection agency fees, filing, attorney, court, etc. fees in the county of Multnomah in the state of Oregon.

SIGNATURE _____ PRINT _____

TITLE _____ DATE _____ EMAIL _____

Component Design Northwest, Inc.

PO Box 10947 Portland, OR 97296-0947 Web www.cdn-tempandtemp.com Email info@cdn-tempandtemp.com
Tel 800 338-5594 503 225-0900 Fax 800 879-2364 503 226-0924

If supplying a separate trade reference sheet with banking information there is no need to complete the references. If so, please continue by signing and dating the application and submit with your trade reference sheet and order. Otherwise, please continue.

Bank Information

COMPANY BANK		ACCOUNT #	
ADDRESS		CITY	ST ZIP
YEARS	ACCOUNT TYPE	OFFICER CONTACT (FULL NAME & TITLE)	
TEL	FAX	EMAIL	

Trade References *(All information must be completed)*

1. COMPANY		CONTACT	
ADDRESS		CITY	ST ZIP
YEARS	TEL	FAX	EMAIL

2. COMPANY		CONTACT	
ADDRESS		CITY	ST ZIP
YEARS	TEL	FAX	EMAIL

3. COMPANY		CONTACT	
ADDRESS		CITY	ST ZIP
YEARS	TEL	FAX	EMAIL

4. COMPANY		CONTACT	
ADDRESS		CITY	ST ZIP
YEARS	TEL	FAX	EMAIL

Component Design Northwest, Inc. terms are “due on or before the 30th day from invoice date” unless otherwise noted on the invoice. Finance charges of 1.5% will be added to all past due invoices. My signature is approval for Component Design Northwest, Inc. to request any credit information deemed necessary for the approval of credit terms. I, (undersigned below) also agree to pay all fees for the purpose of collecting past due amounts on my behalf or on behalf of my company, through outside agencies including and not limited to collection agency fees, filing, attorney and all court fees in the county of Multnomah in the state of Oregon.

SIGNATURE	PRINT
TITLE	DATE EMAIL