



CREDIT APPLICATION

Credit Amount Requested

GENERAL INFORMATION

Legal Name of Firm:
Telephone: ( ) - Fax: ( ) -
Street Address: P.O. Box:
City / State / Zip Code:
Corporation Sole Proprietorship Partnership No. years in Business

OWNERS / OFFICERS

Names of Principals Title
Federal ENT No. or SS No.
UBI# CCB#

BANK REFERENCE

Name of Bank: Branch:
Address:
Account No.: Telephone: ( ) - Fax: ( ) -

TRADE CREDIT REFERENCES

YOUR TERMS

8970 Huff Avenue
Brooks, OR 97303
Office 503-390-1113
Toll Free 800-322-1885

Name:
Address: Telephone: ( ) -
Contact Person: Fax: ( ) -

P.O. Box 9094
Brooks, OR 97305
Fax 503-390-3498

Name:
Address: Telephone: ( ) -
Contact Person: Fax: ( ) -

CCB # 121923
E-mail sales @ highwayspecialties.com
Web www.highwayspecialties.com

Other Locations
Vancouver, WA
Toll Free 888-999-1207

Name:
Address: Telephone: ( ) -
Contact Person: Fax: ( ) -

Port Ludlow, WA
Toll Free 866-350-1900



**PERSONAL GUARANTEE OF PAYMENT**

The undersigned, being all the owners and their spouses, hereby jointly and severally guarantee(s) payment of and all amounts owed at any time in the future by this company to Highway Specialties. The undersigned also agree(s) to pay all collection fees, including reasonable attorney fees, in the event that collection under this guaranty becomes necessary.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

_____	_____
Owner	Owner
_____	_____
Spouse	Spouse
_____	
Witness	

Please note: Please be sure that this credit application is filled out in its entirety. Incomplete forms will be returned. You may fax this application to (503) 390-3498 or mail it to us at:

**Highway Specialties**  
8970 Huff Ave.  
Salem, OR 97303

Thank you for your cooperation.

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**CREDIT CARD INFORMATION**

Name on Card: \_\_\_\_\_

Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date(mm/yy): \_\_\_\_\_

3 Digit Pin (located on back of card): \_\_\_\_\_



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TO: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_

**CREDIT REFERENCES**

\_\_\_\_\_  
Company Name

Has applied to Highway Specialties for a line of credit. Please supply the following information:

1. How long have they been doing business with you? \_\_\_\_\_
2. High Balance - - - - - \$ \_\_\_\_\_.
3. Low Balance - - - - - \$ \_\_\_\_\_.
4. Current Balance - - - - - \$ \_\_\_\_\_.
5. Your Terms - - - - - \$ \_\_\_\_\_.
6. Do they pay as agreed? - - - - - YES \_\_\_\_\_ NO \_\_\_\_\_
7. Average Days to Pay - - - - - \_\_\_\_\_
8. Amount Past Due - - - - - \$ \_\_\_\_\_.

\*\*\*  
\_\_\_\_\_  
Authorized Signature for Release of Information

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Credit Applicant Please **SIGN ONLY** and return as soon as possible. **THANK YOU**

**Highway Specialties**  
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**Brooks, OR 97303**  
**FAX # (503) 390-3498**