



Northwest Equipment Sales, Inc.
Your Truck and Trailer Connection Since 1981
www.nwesales.com

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Fax: (208) 362-4543

Twin Falls, Idaho
2992 Kimberly Road E. 83301
(208) 734-3051
Fax: (208) 734-3079

Hermiston, Oregon
78273 Westland Road. 97838
(541) 567-5400
Fax: (541) 567-8353

CREDIT APPLICATION

_____ Corporation _____ Partnership _____ Sole Proprietor _____ LLC.

Name of Firm or Individual: _____

Address: _____

City, State, Zip: _____

Years at Address: _____

Phone Number: _____ Fax Number: _____ SS/Tax ID No: _____

E-mail: _____ Like to receive Specials, News, and New Product info: Yes: No:

Names of Principal(s)	Address	Zip	Phone

Bank: _____ Phone: _____

Bank Address: _____

Bank Officer or Dept: _____

Account #: _____

Trade References	Address	Zip	Phone

Number of Trucks in fleet: _____

Are You Sales Tax Exempt? Yes: _____ No: _____

If yes include Sales Tax Exemption Form (or) If yes complete Sales Tax Exemption Form.

USDOT #: _____

Do you require purchase orders? Yes: _____ No: _____

Charge accounts that are opened are subject to the following provisions. Accounts are due and payable the 10th day of the month following purchase(s). They become delinquent the 25th of the month following purchase(s) and 1.5% service charge will be assessed on delinquent balances. Also, further credit will not be extended on delinquent accounts unless the delinquent balance is paid, or satisfactory arrangements for payment are made. The undersigned hereby authorizes the above named bank(s), trade and/or credit references, to release such information as is necessary to establish credit with your company, and agrees to pay reasonable attorney's fees if legal action is required to collect amounts due.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to pay according to your terms.

*** In order for this credit application to be valid it must be filled out completely and signed below by the owner / officer of the company. Please allow 7-10 business days for Credit Application to be processed.**

Signature: _____ Title: _____ Date: _____

Print Name: _____ How much credit requested: _____

(For Office Use Only)

Credit Approved By: _____ Credit Limit: _____