



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

**Boise, Idaho**  
2405 S Janeen Street. 83709  
(208) 362-3400  
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: \_\_\_\_\_

Email: \_\_\_\_\_

Like to receive specials, news, and new product information? Yes: \_\_\_\_\_ No: \_\_\_\_\_

| Name of Principal(s) | Address | Zip   | Phone |
|----------------------|---------|-------|-------|
| _____                | _____   | _____ | _____ |
| _____                | _____   | _____ | _____ |
| _____                | _____   | _____ | _____ |

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Officer or Dept: \_\_\_\_\_

Account Number: \_\_\_\_\_

| Trade References | Address | Zip   | Phone |
|------------------|---------|-------|-------|
| _____            | _____   | _____ | _____ |
| _____            | _____   | _____ | _____ |
| _____            | _____   | _____ | _____ |

SS/Tax ID Number: \_\_\_\_\_

Number of Trucks in fleet: \_\_\_\_\_

USDOT #: \_\_\_\_\_

Do you require purchase orders?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are You Sales Tax Exempt?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes include Sales Tax Exemption Form*

Charge accounts that are opened are subject to the following provisions. Accounts are due and payable the 10<sup>th</sup> day of the month following purchase(s). They become delinquent the 25<sup>th</sup> 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: \_\_\_\_\_