



1919 SE Belmont
 Portland, OR 97214
 503-233-2248
www.coltab.com

APPLICATION FOR CREDIT

Legal Name of Company			DBA or Tradestyle (if applicable)		Phone No.
Billing Address, City, State, Zip					Fax No.
Shipping Address, City, State, Zip					PO Required? Y N
Special Billing Instructions			Accts. Payable Contact		
Name, Address of Parent Company					
Full name of owner(s) (or authorized officer of corporation), title, home address, zip for each partnership/individual					Social Security No.
					Social Security No.
Kind of Business <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other:				Federal Tax ID	
State Incorporated	Year Incorporated	Year Established	Sales Contacts or Special Signers		
Type of Business			Own or rent building—if rent, from whom?		
Bank Name, Address				Account No.	Type of Account
Bank Name, Address				Account No.	Type of Account
Trade References/Firm name, address, city, state, zip				Area Code + Phone No.	Fax No.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, religion, color, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, Six Pennsylvania Avenue NW, Washington, DC 20580.

ALL SALES TO APPLICANT ARE SUBJECT TO THE ADDITIONAL TERMS AND CONDITIONS ON ACCOMPANYING SHEET AND AS SET FORTH ON SEPARATE INVOICES FROM Col-Tab, Inc./Revolution Publishing, Inc. TO APPLICANT.

Signature: _____

Print Name: _____ Title: _____ Date: _____