

1315 N.E. MILLER ST. • P.O. BOX 299
McMINNVILLE, OR 97128-0299
503-472-5115 • Portland 503-228-3283
Toll Free 877-472-1198 • FAX 503-434-1462

CREDIT APPLICATION AND SECURITY AGREEMENT

Complete account information section for Prepay or COD Terms. Signature <u>required</u> on back of form. Complete ENTIRE form to request Net 30 or ½ Down/Net 30 Terms.

Oregon Lithoprint Repres	sentative:		Date:		
	ACCO	OUNT INFORMATION	I		
Firm Name			E-mail		
Type of Business	Ph	Phone		Fax	
Street	Ci	City		. ZIP	
Established in	Corporation	Partnership	☐ Limited Partnership	Proprietorship	
104.	which incorporated:	Contact	t Name:		
Federal ID # or Social Se	curity #:		Resale (UBC) #		
	PRINCIPAL OV	WNERS OR STOCKH	IOLDERS		
Name			Title		
Address					
City	State	ZIP	Drivers License #		
Social Security #			Date of Birth		
Namo			Titlo		
	State				
	state				
3					
We expect our monthly	credit requirement to be	\$			
	PA	NK INFORMATION			
Name of Rank	DAI		Contact		
	State 7				
		-" -			
	FO	OR OLI USE ONLY			
Terms:			Acct. #		
☐ Net 30 ☐ 1/2 Dow	n Balance Net 30	OD Prepa	y		
Date Approved	Ву		\$ Approved		

Rev: 12/01 (over)

Name			Contact	
Address			Phone	
City	State	ZIP	Fax	
Name			Contact	
Address			Phone	
City	State	ZIP	Fax	
Name			Contact	
Address			Phone	
City	State	ZIP	Fax	
other services and to extend credit Applicant certifies that all credit are				
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