

# BEI HARDWARE

**BEND**

63010 Plateau Dr. #1, Bend, OR 97701  
541.383.3942 • Fax 541.383.5070

**EUGENE**

208 Madison, Eugene, OR 97402  
541.485.7211 • Fax 541.342.5995

**KLAMATH FALLS**

528 Main St., Klamath Falls, OR 97601  
541.882.7246 • Fax 541.883.3724

**MEDFORD**

1160 Knutson, Medford, OR 97504  
541.773.7918 • Fax 541.779.1520

**PORTLAND**

26300 SW 95th Ave. #105  
Wilsonville, OR 97070  
503.570.9610 • Fax 503.570.9412

**SALEM**

2264 Judson St. S.E., Salem, OR 97302  
503.566.7922 • Fax 503.566.7924

**REDDING, CA**

837 Remor St., Redding, CA 96002  
530.221.8132 • Fax 530.221.0319

**FIRM NAME** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Resale License Number** \_\_\_\_\_  **Corporation**  **Partnership**  **Sole Proprietor**  **Personal Use**

**Name of Parent Company, If Applicable** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**AS APPLICABLE, LIST NAME(S) OF CORPORATE OFFICER(S), PARTNER(S), OWNER(S) OR INDIVIDUAL:**

Position	_____	_____	_____
Name	_____	_____	_____
Address	_____	_____	_____
Social Security Number	_____	_____	_____
Date of Birth	_____	_____	_____

**Describe Products or services sold** \_\_\_\_\_

**How long in Business** \_\_\_\_\_ **How long in present location** \_\_\_\_\_ **Number of Employees** \_\_\_\_\_

**Financial Statement/Annual Report Attached**  **Yes**  **No** **Person Responsible for A/P** \_\_\_\_\_

**BANK:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Person to contact:** \_\_\_\_\_

**TRADE REFERENCES:**

	NAME	PHONE	FAX
1			
2			
3			
4			
5			

I (we) promise to pay my account in full within the terms stated on the applicable invoices. If, however, this account is not paid as agreed, I (we) agree to pay in addition the foregoing, a reasonable attorney's fee, or if this account is placed in the hand of a collection agency, I (we) acknowledge that you will be damaged thereby to the extent of the collection charge against you and I (we) therefore agree to pay you, as liquidated damages, an amount equal to the amount charged you by said collection agency, not exceeding, however fifty percent of the amount unpaid thereon, and also such claims as the trial court may adjudge reasonable as attorney's fees and in the event of any appeal such further sum as the appellate court shall adjudge reasonable as attorney's fees. Furthermore, in the absence of an agreement to the contrary, I (we) agree to pay a finance charge of 1 1/2% per month or whatever state maximum is allowable on invoices not paid according to terms.

For value received each and every party who signs this agreement or becomes liable either now or hereafter for the payment of this agreement severally waives presentment, demand, protest, and notice of non-payment hereof, bind himself as a person hereon as the principal and not as surety and agrees to remain bound hereon notwithstanding any extension that may be made to any party liable hereon. At the option of this holder thereof, the venue of said suit may be laid in the county of the residence of the holder.

You are hereby authorized to contact any or all of the stated references regarding our credit standing.

I Understand the above stated credit terms and policy as stated.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

The undersigned being \_\_\_\_\_ of the applicant corporation (does) (do) hereby agree to the above terms and conditions and assumes personal responsibility for the payment of said corporations account. It is understood that credit would not be extended to said corporation without this assumption of liability.