

**ARCHIVE-CD, LLC
CREDIT APPLICATION**

Company Information:

Company Name _____ Date Company Established _____
DBA Name _____
Is there a parent corp. or subsidiary? Parent / Subsidiary Name: _____
Billing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-Mail _____
Shipping Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-Mail _____
D&B No. _____ Federal EIN _____
Credit Line Requested \$ _____ Terms Requested: [] Net 30 [] Credit Card [] Prepay
[] Purchase Order, Net 30 [] Other _____

When paying by credit card, ARCHIVE-CD, LLC processes the card at time of shipment.

Contacts:

Accounts Payable:

Name _____ Title: _____
Phone Number _____ FAX _____ E-Mail _____

Purchasing:

Name _____ Title: _____
Phone Number _____ FAX _____ E-Mail _____

Other:

Name _____ Title: _____
Phone Number _____ FAX _____ E-Mail _____

Credit Agreement

This application and agreement is submitted by applicant to ARCHIVE-CD, LLC an Oregon corporation, to obtain credit. ARCHIVE-CD, LLC reserves the right to decline credit to applicant, and in the event that credit is extended to applicant, change or revoke applicant's credit limit based on changes in ARCHIVE-CD, LLC's credit policies or applicant's financial condition and/or payment record. All product sales by ARCHIVE-CD, LLC to applicant will be subject to ARCHIVE-CD, LLC's standard RMA Policy and Terms and Conditions as published on ARCHIVE-CD, LLC's website, www.archive-cd.com at the time of sale. Any variance from those terms and conditions will be effective only if agreed to in writing by ARCHIVE-CD, LLC before the time of sale. The Applicant understands and agrees that ARCHIVE-CD, LLC may investigate the Applicant's financial status further, and request documents or references from Applicant. Applicant agrees to make payment in full for all amounts due within 30 days (unless otherwise stated on invoice). Applicant also agrees to pay a late fee on all amounts that are past due at an amount equal to 1 1/2% per month or the highest rate allowed by law. In the event ARCHIVE-CD, LLC should commence any action, or otherwise seek to enforce this agreement; Applicant agrees to pay all collection costs and attorney fees, with or without lawsuit. This agreement shall become effective upon acceptance by ARCHIVE-CD, LLC and is entered into, and shall be governed by, and construed in accordance with, the laws of the State of Oregon. Everything in this application is true and complete.

I, the undersigned, an officer and/or authorized representative am authorized to fill out this application and sign below for the Applicant shown above.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

FAX completed application to 541-899-5704 or MAIL to 910 Beverly Way, Jacksonville, OR 97530

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Company Name: _____

Bank References:

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Account Type: [] Checking [] Savings [] Credit Line

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Account Type: [] Checking [] Savings [] Credit Line

Trade References:

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Credit Limit \$ _____ Phone _____ Fax _____

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Credit Limit \$ _____ Phone _____ Fax _____

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Credit Limit \$ _____ Phone _____ Fax _____

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Credit Limit \$ _____ Phone _____ Fax _____

I, the undersigned, an officer and/or authorized representative, do HEREBY AUTHORIZE the above references to disclose all details necessary to assist ARCHIVE-CD, LLC, in establishing a credit account for our firm.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

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