

BEND PLAN CENTER

137 NE Greenwood Bend OR phone 385-0800 fax 385-1393 www.BendPlanCenter.com

Application For Credit Account / Terms-Net Due By the 10th

Applicant Company Information

*Company Name _____ *Phone (____) _____ - _____

DBA or Subsidiary of (if applicable) _____ Fax (____) _____ - _____

*Billing Address _____

*City/State/Zip _____

*Social Security # _____ *Dun and Bradstreet # _____

*** = REQUIRED A Social Security Number is required if applicant cannot provide a Dun and Bradstreet Number. We cannot process this application without this information.**

*Company is: ___ Sole Proprietor ___ Corporation ___ Partnership ___ LLC ___ Other (write below)

Ownership Information

Name (Owner, Partner, President, etc.)	Address	City	State	Zip
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Name (Owner, Partner, President)	Address	City	State	Zip
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Name (Owner, Partner, President)	Address	City	State	Zip
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Agreement to all terms of this Application and Pricing.

Applicant agrees and understands that upon approval by Bend Plan Center, the terms of payment are net paid by the 10th day following the month of which goods and or services were received. Your account is delinquent on the 11th. Delinquent accounts will charged a finance fee of 1 ½% monthly (18% annually) or \$5.00 monthly, whichever is greater. Late fees will be charged until entire balance is paid in full. Your Credit Privileges may be suspended if your account is delinquent and Bend Plan Center reserves the right to close any approved account at any time. Applicant will also be charged with reasonable attorneys fees, processing fees and any additional fees associated with collection should collection be required (venue is Deschutes County, Oregon).

Statements are processed on the 25th of each month. Any account charged to during the billing period will be charged a minimum of \$5.00. If account balance is below \$5.00 at the time statements are processed, a processing fee will be applied to increase account to a minimum of \$5.00. (example - Account balance is \$2.97 on the 25th. A processing fee of \$2.03 is applied on the 25th. Balance due is \$5.00). If account balance is \$0 on the 25th, no statement will be generated and therefore processing fees will not be generated. Amount due will still be \$0.

Applicant agrees that the undersigned is duly authorized to execute this application on behalf of the Applicant and to bind Applicant to the terms and conditions of this application, including agreement and pricing. Applicant accepts that Bend Plan Center may change or alter credit terms and pricing from time to time.

Applicant agrees to the terms above and guarantees payment to Bend Plan Center for all charges made by applicant and applicants business (employees, partners, officers, any customers allowed to charge to account, etc.) with or without a P.O. number. If applicant requires a P.O. # on their invoices, it is applicants responsibility to make sure it is on the applicants invoice.

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I/WE CAN AND WILL COMPLY WITH THE TERMS AND AGREEMENTS OF THIS APPLICATION.

Name _____ Title _____ Date _____
please print

Authorized Signature _____