



5558-D SE INTERNATIONAL WAY
PORTLAND, OR 97222
503-652-5224
Email: info@techformcasting.com

Credit Application

CUSTOMER DATA (please fill form out completely)

Name of Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #(_____) _____ JBT# (if applicable) _____ Tax ID/Reseller # _____

Email Address: _____ Web page: _____

Owner (or) Principal (s): _____ Date started _____

Accounts payable contact: _____ Bank: _____

Branch _____ Phone # (_____) _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Account # _____ Person to Contact: _____

CREDIT REFERENCES (please give full name of reference and fill out spaces completely)

1) Name: _____

Address: _____ City _____

State _____ Zip _____ Phone _____

2) Name: _____

Address: _____ City _____

State _____ Zip _____ Phone _____

3) Name: _____

Address: _____ City _____

State _____ Zip _____ Phone _____

Signature: _____ Title: _____ Date: _____