



# ACCOUNT APPLICATION

Mail/Payment Address | Wilsonville Office: 27150 SW Kinsman Road Wilsonville, OR 97070 Ph: (503) 570-0171 Fax (503) 570-5433

**ATTENTION: BEFORE WE CAN PROCESS THIS ACCOUNT APPLICATION, ALL FIELDS MUST BE COMPLETED AND SIGNED BELOW BY AN AUTHORIZED REPRESENTATIVE OF YOUR COMPANY.**

BUSINESS NAME: (FULL LEGAL NAME) \_\_\_\_\_  
 DOING BUSINESS AS: \_\_\_\_\_  
 SHIPPING ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 YEAR BUSINESS ESTABLISHED: \_\_\_\_\_ AT PRESENT LOCATION SINCE: \_\_\_\_\_

**BUSINESS TYPE:**  CORPORATION  PARTNERSHIP  PROPRIETOR  LLC

**PRINCIPALS:**

▶ NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 ▶ NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**BUSINESS REFERENCES: (LIST OPEN ACCOUNTS IN RV INDUSTRY)**

▶ NAME: \_\_\_\_\_ ACCT. #: \_\_\_\_\_ PHONE:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 ▶ NAME: \_\_\_\_\_ ACCT. #: \_\_\_\_\_ PHONE:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 ▶ NAME: \_\_\_\_\_ ACCT. #: \_\_\_\_\_ PHONE:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

*(Please forward a copy of your State Resale Certificate - required "if applicable" in order to active your account)*

**BANK REFERENCE – BUSINESS CHECKING ACCOUNT**

NAME: \_\_\_\_\_ ACCT. #: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLEASE CHECK HOW YOU WISH TO PAY:  C.O.D.  1%-10 / NET 30 DAYS  NET 30 DAYS  CREDIT CARD  ACH  OTHER \_\_\_\_\_

ESTIMATED ANNUAL PURCHASE OF PARTS & ACCESSORIES...

FROM ALL PARTS SUPPLIERS: \$ \_\_\_\_\_

FROM NTP DISTRIBUTION: \$ \_\_\_\_\_

PARTS MANAGER: \_\_\_\_\_

PARTS EMAIL ADDRESS: \_\_\_\_\_

DESIRED CREDIT LIMIT IN THE AMOUNT OF \$ \_\_\_\_\_

HAVE YOU FILED FOR BANKRUPTCY OR BEEN SUED?  YES  NO

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

ACCOUNTS PAYABLE EMAIL ADDRESS: \_\_\_\_\_

**TERMS, CONDITIONS & INSTRUCTIONS**

In consideration of extension of credit, I/We agree to pay interest at the rate of 1-1/2% per month (\$5.00) minimum on all past-due accounts. Payments made on past-due accounts will be applied to the service charges and the balance applied to the principal. Should action be required to enforce payment of any past-due account, I/We agree to pay all costs, including but not limited to, court costs, attorney's fees and collection agency charges, which may be incurred or expended. The undersigned consents to NTP Distribution, Inc. obtaining a consumer credit report on (name of sole Proprietor/President/Officer of the Corporation/ LLC/partnership) for the purposes of evaluating the credit worthiness of (name of sold Proprietor/President/Officer of the Corporation/LLC/partnership), in connection with this application.

Signed By: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:** Our Terms & Instructions are listed on the inside of our price book. Payment terms are printed on each invoice. A \$20.00 - \$50.00 charge will be billed to your account covering each returned check N.S.F. or returned ACH, rates may vary depending on applicable state laws. A \$10.00 - \$20.00 charge for LTL COD fees and \$10.50 charge for UPS COD fees will be added to your invoice in lieu of the freight carrier collecting their normal rate. These charges may increase or change without notice covering a rate increase.



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**BUSINESS LICENSE NUMBER:** \_\_\_\_\_ **FEDERAL I.D.#:** \_\_\_\_\_

TO BETTER SERVE YOU, WE HAVE THE FOLLOWING SERVICES AVAILABLE:

- ▶ DO YOU ACCEPT BACK ORDERS:  YES  NO
- ▶ DO YOU REQUIRE P.O. NUMBERS TO BE USED:  YES  NO
- ▶ DO YOU REQUIRE FAX OR EMAIL ORDER ACKNOWLEDGEMENTS?  
 YES  NO
- FAX #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Email: \_\_\_\_\_

**NOTE: FAX NO. MUST BE A DEDICATED FAX LINE, ON 24/7.**

- ▶ AUTHORIZED PURCHASER'S FULL NAMES: \_\_\_\_\_
- ▶ PARTS DEPARTMENT PHONE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- ▶ COMMENTS: \_\_\_\_\_

**ATTENTION:** BEFORE WE CAN PROCESS THIS ACCOUNT APPLICATION, ALL FIELDS MUST BE FILLED OUT COMPLETELY. ALL SIGNATURES MUST BE SIGNED BY THE OWNER OR IN THE CASE OF A CORPORATION, AN OFFICER AUTHORIZED TO SIGN ON BEHALF OF YOUR COMPANY. THANK YOU FOR YOUR COOPERATION.  
*(Please forward a copy of your State Resale Certificate - required "if applicable" in order to active your account)*

**IMPORTANT: THIS MUST BE FILLED OUT COMPLETELY AND SIGNED BY OWNER.**

## PERSONAL GUARANTY

- ▶ CITY & STATE: \_\_\_\_\_
- ▶ DATE: \_\_\_\_\_

TO: NTP DISTRIBUTION, INC.

I/We agree to pay interest at the rate of 1-1/2% per month (\$5.00 Minimum) on all past-due accounts. Payments made on past-due accounts will be applied to the service charges and the balance applied to the principal. Should action be required to enforce payment of any past-due account, I/We agree to pay all costs, including but not limited to, court costs, attorney's fees and collection agency charges, which may be incurred or expended.

In Consideration of your having consented, at our request, to provide inventory, and other items incidental to our operations (referred to as sales) to (company name) \_\_\_\_\_ of (location) \_\_\_\_\_, \_\_\_\_\_ and to extend credit therefor and/or to extend the time for payment of obligations already matured we and each of us jointly and severally, hereby guarantee to you the payment of such sums of money as may be due, or at any time or times hereafter become due to you from said (company name) \_\_\_\_\_ in respect of sales as defined herein, and (growing out of said relationship). And you are authorized, without notice to us to give said (company name) at any time and in any form such extension or extensions of credit as you deem proper, or to accept security for said credits or extensions thereof now or later evidenced by promissory notes or other bills of exchange and all their terms and provisions thereof, waiving any notice, demand, presentment, and notice of dishonor hereunder. This instrument shall be a continuing guaranty and shall remain effective until cancelled in writing by either party. This cancellation must be sent via Registered Mail – return receipt requested. We here-by waive notice of the acceptance of this guaranty.

Choice of Law: This agreement and the rights and liabilities of the parties shall be governed by applicable Federal Law and the Laws of the State of Oregon. In the event of suit enforcement of this agreement, venue shall take place in any applicable state or federal court located in Multnomah County.

The undersigned consents to NTP Distribution, Inc. obtaining a consumer credit report on (name of sole Proprietor/President/Officer of the Corporation/LLC/partnership) for the purposes of evaluating the creditworthiness of (name of sole Proprietor/President/Officer of the Corporation/LLC/partnership), in connection with this application.

SIGNED BY: \_\_\_\_\_  
PLEASE PRINT OR TYPE

SIGNATURE: \_\_\_\_\_  
SIGNATURE

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_  
PLEASE PRINT OR TYPE

SIGNATURE: \_\_\_\_\_  
SIGNATURE

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE: \_\_\_\_\_