



MUST BE COMPLETELY FILLED OUT

MUST BE COMPLETELY FILLED OUT

NAME OF COMPANY _____ PHONE _____

BILLING ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____ PHONE _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

COMPANY IS A: PROPRIETORSHIP PARTNERSHIP CORPORATION CCB# _____

PRINCIPAL OWNER _____ PHONE _____

HOME ADDRESS _____ CITY, STATE _____ ZIP _____

YEARS IN BUSINESS _____ TYPE OF BUSINESS _____

RESALE _____ YES _____ NO _____ STATE RESALE # _____

YOUR BANK _____ PHONE _____ DBA# _____

BANK ADDRESS _____ CITY, STATE _____ ZIP _____

PREFERENCE FOR TRANSMITTAL OF INVOICES & STATEMENTS: (Fill in email or fax number to your A/P contact).

EMAIL _____ FAX _____ MAIL _____ A/P CONTACT: _____

CREDIT REFERENCE #1 _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

CREDIT REFERENCE #2 _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

CREDIT REFERENCE #2 _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

THE UNDERSIGNED GRANTS PERMISSION TO GRAND + BENEDICTS, INC. TO MAKE CREDIT INFORMATION INQUIRIES OF THE ABOVE NAMED REFERENCES. THE UNDERSIGNED ALSO AGREES TO PAY FOR ALL PURCHASES WITHIN THE TERMS OF NET 30 DAYS AND, IN ADDITION, WILL PAY SERVICE CHARGES OF 1½% PER MONTH FROM THE DATE OF INVOICE ON ANY PAST DUE BALANCE. THE UNDERSIGNED AGREES TO PAY REASONABLE ATTORNEY FEES, COSTS OF COLLECTION AND COURT COSTS THAT MAY ARISE IN THE ENFORCEMENT OF THESE TERMS.

NAME _____ SIGNATURE _____

CREDIT LIMIT DESIRED _____ TITLE _____

PERSONAL GUARANTEE

800.547.7005
503.232.1988

6140 South Macadam Ave. Portland, OR 97239

DATE _____,

I, _____, IN CONSIDERATION OF GRAND + BENEDICTS EXTENDING CREDIT AT MY REQUEST TO _____ (HEREAFTER "COMPANY"), OF WHICH I AM THE _____, PERSONALLY GUARANTEE TO YOU THE PAYMENT OF ANY OBLIGATION OF THE COMPANY AND WILL PAY ON DEMAND ANY SUM DUE TO YOU BY THE COMPANY. I AGREE TO PAY YOU ALL INDEBTEDNESS OF THE COMPANY AS IF I WAS DIRECTLY INDEBTED TO YOU AND WAIVE ANY RIGHT TO REQUIRE YOU TO FIRST ATTEMPT COLLECTION OF THE DEBT FROM THE COMPANY.

SIGNATURE/TITLE _____

CREDIT POLICY

TERMS

NET 30 DAYS TO FIRMS WITH APPROVED CREDIT. WE ACCEPT VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS AT THE TIME ORDER IS PLACED.

SHIPMENTS

ALL SHIPMENTS ARE MADE F.O.B. POINT OF ORIGIN. NORMALLY WE SHIP UPS. ORDERS EXCEEDING ACCEPTABLE UPS LIMITS FOR SIZE AND WEIGHT ARE SHIPPED COMMON CARRIER.

MINIMUM BILLING

MINIMUM BILLING ON ACCOUNT IS \$25.00.

SPECIAL ORDERS

NON-STOCK OR CUSTOM-BUILT ITEMS REQUIRE A 50% DOWN PAYMENT AT THE TIME THE ORDER IS PLACED. THESE GOODS ARE NOT RETURNABLE.

SERVICE CHARGE

ALL ACCOUNTS OVER 30 DAYS PAST DUE ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH FROM THE DATE OF INVOICE.

RETURNS

RETURNS ARE ACCEPTED WITH PRIOR WRITTEN AUTHORIZATION. FREIGHT MUST BE PREPAID AND GOODS ARE SUBJECT TO A RESTOCKING CHARGE. FOR PROPER CREDIT THE ORIGINAL INVOICE MUST ACCOMPANY THE RETURN.

PRICES

PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. ORDERS FILLED AT CURRENT PRICE AND SPECIFICATIONS UNLESS OTHERWISE INDICATED.

WHAT INDUSTRY BEST DESCRIBES YOU?

DISTRIBUTOR

(Store Fixtures, Contractors, Resellers)

MISC. HARD GOODS

(Video, Electronics, Pet Stores)

MISC. SOFT GOODS

(Craft Stores, Gift Shops, Floral Shops)

AUTOMOTIVE

(Auto Parts, Tires)

HOME IMPROVEMENT

(Lumber Yard, Garden/Nursery)

GROCERY

(Supermarkets, Mini-markets, Beverage)

VARIETY / DISCOUNT

(Drug Store, Dime Store)

THRIFT

(Second Hand Stores, Used Clothing)

APPAREL, DEPT STORES

(Retail Clothing Stores, Shoes)

OTHER _____

GRAND + BENEDICTS INC

6140 South Macadam Ave. Portland, OR 97239

EMAIL : billings@grand-benedicts.com

FAX : 503.300.2918