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Business Credit Application

Name/Address

Last:	First:	Title:	
Company:		Tax ID Number:	
Address:		Phone:	Fax:
City:	State/Province:	Zip/Postal Code:	Country:

Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:	Corporation	Partnership	Sole Proprietorship
If Division/Subsidiary, Name of Parent Company:	In Business Since:		
Name of Company Principal Responsible for Business Transactions:	Title:		
Address:		Phone:	
City:	State/Province:	Zip/Postal Code:	Country:

Bank References

Institution:	Institution:	Institution:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	
Fax:	Fax:	Fax:	

Trade References

Company:	Company:	Company:
Contact:	Contact:	Contact:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Email (Preferred):	Email (Preferred):	Email (Preferred):
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

 Printed Name

 Signature

 Date