

LANDMARK EQUIPMENT

Accounts Receivable: AR@landmarkequipment.com
Mailing address: 7625 NE Lombard St. Portland, Or. 97218
Main: 503-256-7330 Fax: 503-256-7740

CREDIT APPLICATION

Date:	Date Bus. Began:
Company Name:	
Billing Address:	
City:	State & Zip Code:
Jobsite/Shipping Address:	
City:	State & Zip Code:
Telephone #:	Email Address:
FIN or S.S. #:	Type: Corp ☐ , Individual ☐ , Partnership ☐
Tax Exempt # (certificate required):	P.O. Required? Yes ☐ or No ☐ If Yes Please list email address of person providing PO#:

OFFICERS & CONTACT PERSONS

Accounts Payable Contact Info.	Authorized Purchasers (If any addition please add to next page):
Name:	Name:
Address:	Phone:
City, State, Zip:	Email:
Direct phone#:	Name:
Email:	Phone:
Additional Info:	Email:

TRADE REFERENCES

Please complete 3-4 references. For faster service, please provide an email address.

1. Company name:	2. Company name:
St. Address:	St. Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email Address:	Email Address:
3. Company name:	4. Company name:
St. Address:	St. Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email Address:	Email Address:

I agree to pay invoices & payment terms of TBD from the invoice date. I understand my account is subject to 1.5% per month interest (18% per annum) charged on all invoices after 30 days from date of issue.

Special order (non-stock) and electrical parts are NON-RETURNABLE. Other returns are accepted within 30 days from date of purchase and charged a 30% restocking fee.

Freight is not credited. Additional freight might be charged. No credit will be considered without prior written approval.

If any equipment is hauled there will be additional charges for the hauling.

Convenience fee is 3%. When using credit cards. Other no fee options are ACH (Please send remittance to ar@landmarkequipment.com) & Check.

This application does not necessarily mean credit terms. Terms will be determined after review.

Signature:	Date:
Print Name:	
Title:	Telephone #:

ADDITIONAL INFORMATION

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