



Credit Application

Phone: 1.800.406.9377 | Email: orders@myerscontainer.com | Fax: 503.501.5834

Name of Business _____

Address _____

City/State/ZIP _____ Date Business Started _____

Telephone _____ Fax _____

Physical/Delivery Address _____

AP Contact (name, email, phone) _____

Business Type: Sole Proprietorship Partnership Corporation

Sales/Use Tax Status: Taxable Exempt (attach valid resale certificate)

Credit Requested \$ _____

Trade References

Name	City/State/Phone Number

Bank Name _____ Account _____

Bank Contact _____ Phone Number _____

Upon approval of credit terms by Myers/CMS, Purchaser shall make payment in full according to the terms extended and based on Seller's invoice date. Interest on any overdue portion may be charged at the highest rate permitted by law if payment is not made in accordance with Seller's terms of sale. In the event of any disputes between the parties hereto related to this agreement or the collection of amounts owed the Seller, Buyer agrees to pay all reasonable expenses, including attorney's fees and costs in settling dispute and collecting amounts due.

Signature: _____ Printed Name/Title _____ Date _____

For Office Use Only			
Approved By _____		Date _____	
Terms _____	FS Group: _____	FOB: _____	AM: _____