

# CASCADE

**WHOLESALE HARDWARE INC.**

- 5650 NW Wagon Way Hillsboro, Oregon 97124
- [www.cascade.com](http://www.cascade.com)
- 503 614-2600
- 800 877-9987
- Fax 503 629-5793

Account Payment Remittance Address:

M/S 77  
P O Box 4100  
Portland, Oregon 97208

General Mailing Address (No Payments Please)

5650 N W Wagon Way  
Hillsboro, Oregon 97124

Denise (A/R Manager) Direct Line: 503-614-2626  
Cascade's Main Phone Number: 503-614-2600  
(Toll Free) 800-877-9987  
Accounts Receivable FAX Number: 503-614-2664

The following is our credit application that you requested from Cascade Wholesale Hardware, Inc. Please fill out the application completely, including the signing of the back page under the Credit Sales Policy and the Guaranty sections. You must have a retail store front to be eligible to purchase from Cascade Wholesale Hardware, Inc.

After you have been set up as a customer and have an account number with us, you may Visit us at our web site: [www.cascade.com](http://www.cascade.com) and under 'would you like to request a web account' just mouse click there and fill out the form and submit it, so, you can check products and place orders on-line with us. Our Prepaid policy is: \$650 for web orders and \$850 for phone/fax orders. We appreciate your business.

# CASCADE

WHOLESALE HARDWARE INC.

## APPLICATION FOR CREDIT

Please check one  Partnership  Corporation  Individual

Date \_\_\_\_\_ Federal I.D. # \_\_\_\_\_ Desired Credit Limit \_\_\_\_\_

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Fax No. (\_\_\_\_) \_\_\_\_\_

Please furnish the following information if Application is for a corporation.

Incorporated in the year \_\_\_\_\_, in the State of \_\_\_\_\_, Registered Agent \_\_\_\_\_

President \_\_\_\_\_ Secretary \_\_\_\_\_

Vice President \_\_\_\_\_ Treasurer \_\_\_\_\_

(1) Name \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Home Address \_\_\_\_\_ How Long \_\_\_\_\_ Phone No. \_\_\_\_\_

Zip Code \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_  
Not Living With You \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Own Real Estate  Yes  No Location \_\_\_\_\_ Mortgaged to \_\_\_\_\_

(2) Name \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Home Address \_\_\_\_\_ How Long \_\_\_\_\_ Phone No. \_\_\_\_\_

Zip Code \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_  
Not Living With You \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Own Real Estate  Yes  No Location \_\_\_\_\_ Mortgaged to: \_\_\_\_\_

Your Bank:

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Branch \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bank Representative \_\_\_\_\_ Bank Representative \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

Trade References (Do not give Oil Companies)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ 3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ 4. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## CREDIT SALES POLICY

1. All invoices are due for payment by the 10th of the month, following the month in which the purchase was made. If payment is not in our hands by the 11th, the account will be considered as having gone into a past due situation.

2. Our billing period closes on the 25th of each month. Payments received after that date are necessarily included in the following months' business.

3. Past due balances are assessed a delinquency charge of 1½% per month which is equal to an annual Percentage rate of 18% or the maximum rate authorized by law whichever is lower. This delinquency charge will be assessed on the 25th of the month on past due accounts.

4. Non-current accounts will be placed on a cash basis at our option unless arrangements have been made in advance of the sale for possible extended terms.

5. In the event any account is not paid when due and that legal action is commenced, the prevailing party shall be entitled to its reasonable attorney fees and court costs, including any cost of appeal. Parties hereby agree that if any suit or action is brought to enforce any part of terms of sale herein, venue of said suit shall be in Multnomah County, Oregon.

6. Signature by you or your authorized representative on the invoice is presumed to establish your acceptance of the terms and conditions set forth herein, without exception, and to your agreement to comply with said terms.

7. It is expressly agreed that at the sole discretion of **CASCADE Wholesale Hardware**, if this account is delinquent and is referred to a third Party or Parties for collection, all additional costs will be borne by the Signees.

**APPLICANT HEREBY ACKNOWLEDGES THAT HE HAS READ AND ACCEPTS THE TERMS AND CONDITIONS OF SALE AS SET FORTH ON THIS APPLICATION.**

**ALL INFORMATION CONTAINED  
HERE IS CONFIDENTIAL.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

### Guaranty

Gentlemen:

In consideration of, and in order to induce you to continue to extend credit to \_\_\_\_\_, and to continue to furnish said organization with merchandise, the undersigned (and each of them if more than one) do jointly and severally guarantee to you and your successors and assigns, the faithful and prompt performance, payment and discharge of the above organization's account or accounts, now or hereafter incurred.

Notice of acceptance of this Guaranty and all other notices to which undersigned may be entitled by law are hereby waived. Presentment, protest and demand, and notice of protest and demand of any and all instruments or agreements are hereby waived. Any rights to extension, composition or otherwise under the Bankruptcy Act, or any amendments thereof, or under any state or federal statute are hereby waived. You may, without the consent of the undersigned and without giving notice thereof to the undersigned, compound, compromise, and adjust any claim against the purchaser named in any instrument, or grant any indulgences whatsoever to them or to either of them, without affecting the obligations of the undersigned. The undersigned will pay and perform the obligations hereunder, upon demand, without requiring any proceedings to be taken against the above named organization. If any claim against undersigned hereunder is referred to an attorney for collection, then undersigned agrees to pay reasonable attorney's fees and court costs.

This Guarantee shall be binding upon the heirs, personal representatives, successors and assigns of each of the undersigned, and the benefits thereof shall extend to and include your successors and assigns, and shall also inure to the benefit of any of your associated, affiliated and subsidiary companies. The death of any of the undersigned shall not release his estate from any liability hereunder, and shall not relieve the others of the undersigned from liability and continuing obligations hereunder.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

(Signatures must be as Individuals – not as company or corporate officials)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print or Type)

\_\_\_\_\_  
Name (Please Print or Type)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address