



# PORT OF LONGVIEW | Credit Application

## SECTION 1 - Company Information

COMPANY NAME		
ADDRESS		
CITY/STATE/ZIP		
CONTACT PERSON		
BILLING ADDRESS		
PHONE ( )	FAX ( )	EMAIL
TAX ID #	ANNUAL REVENUE	
P.O. REQUIRED (YES OR NO)	CREDIT LINE REQUESTED	
BUSINESS TYPE	YEAR BUSINESS STARTED	
ACCOUNTS PAYABLE MANAGER		

## SECTION 2 - Trade References *(Please give only those whom you have an open account for more than one year.)*

NAME	ADDRESS	PHONE #	HIGH CREDIT

## Banking Information

BANK NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE	ACCOUNT #

**\*\* TERMS OF PAYMENT: Net 30 Days**

## SECTION 3 - Required Signature of Authorized Officer/Owner

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

\_\_\_\_\_  
NAME PRINTED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE