NW Natural® Fax completed orders to 1-503-721-2547 or E-mail to commercial@nwnatural.com.

BUSINESS CREDIT APPLICATION

Applicant Name:_____

DBA / Trade Name:_____

Mailing Address:_____City:_____State:_____ZIP Code:_____

Phone #:_____ Fax #:_____ Email:_____

Website:_____Job Site Address:_____

BUSINESS DETAILS

*Choose **one** business type and complete all requested information.*

☐ Corporation

Tax ID/EIN *(Required)*:_____

Registered Agent:_____

President:_____

Officer 1:_____

Officer 2:_____

☐ LLC

Tax ID/EIN:_____*AND/OR* SSN #:_____
(if one owner only)

Registered Agent:_____

Managing Member:_____

Member 1:_____

Member 2:_____

☐ Sole Proprietorship or ☐ Partnership

Tax ID/EIN *(If available)*:_____

	Owner / Partner 1*	Owner / Partner 2*
Full Name:	_____	_____
SSN:	_____	_____
Driver's License:	_____	_____
Home Address:	_____	_____
City:	_____	_____
State/Zip:	_____	_____

*Attach additional information, if necessary.

☐ Government

Tax ID: _____

Director Name: _____

☐ Trust

Trust Name: _____

Tax ID *OR* SSN*: _____

Trustee Name: _____

Trustee Phone #: _____

* Tax ID needed for revocable trusts. SSN needed for irrevocable trusts.

ADDITIONAL INFORMATION

Bank Name:_____Address:_____Phone #:_____

Bankruptcy in past 6 years? ☐ Y ☐ N   If Yes: _____ /_____ /_____   D&B #:_____
                          Date   Chapter   Case #

Year Organized:_____State Organized:_____   Current/Previous NW Natural Account #:_____

Other Utility Reference? ☐ Y ☐ N   If Yes:_____ /_____ /_____   CCB #: _____
                                   Name   City   State

List any other name under which this entity has done business:_____

The undersigned authorizes NW Natural (NWN) to contact bank and/or trade references and/or any other credit sources or reporting agencies to obtain and/or verify credit information. The release of such credit information is hereby granted. Applicant's signature attests to financial responsibility, ability and willingness to pay billings as presented in accordance with NW Natural's applicable tariff. Applicant agrees to pay all fees and costs incurred by NWN in the collection of any past due account for which applicant is responsible, to the fullest extent permissible by law. Venue for any action brought to enforce any part of terms of sale shall be at the sole discretion of NWN.

Signature:_____Title: _____Date:_____
(Authorized Signature of Managing Member / President / Owner / Partner / Director)

Print Name: _____Phone #:_____Email:_____