

BUSINESS CREDIT APPLICATION

Legal Business Name: _____
DBA / Trade Name: _____
Mailing Address: _____ **City:** _____ **State:** _____ **ZIP Code:** _____
Phone #: _____ **Fax #:** _____ **Website:** _____
E-Mail Address: _____ **Job Site Address:** _____

BUSINESS DETAILS

Choose one business type and complete all requested information

Corporation

Tax ID # (Required): _____
Registered Agent: _____
President: _____
Officer 1: _____
Officer 2: _____

LLC

Tax ID #: _____ **AND/OR SSN #:** _____
(if one owner only)
Registered Agent: _____
Managing Member: _____
Member 1: _____
Member 2: _____

Sole Proprietorship
 OR
 Partnership

Tax ID # (if available): _____

Required Info

Full Name: _____
SSN #: _____
Driver's License: _____
Home Phone: _____
Home Address: _____
City: _____
State / ZIP: _____ / _____

Owner / Partner 1
(Attach additional info if necessary)

 _____ / _____

Owner / Partner 2
(Attach additional info if necessary)

 _____ / _____

Government

Tax ID #: _____
Director Name: _____

ADDITIONAL INFORMATION

Bank Name: _____ **Address:** _____ **Phone #:** _____
Bankruptcy in past 6 years? Y N **If Yes:** _____ / _____ / _____ **D&B #:** _____
Date Chapter Case #
Year Started _____ **State Organized** _____ **Current Account with NW Natural?** Y N **If Yes, give Acct #** _____
Add'l Utility Reference? Y N **If Yes:** _____ / _____ / _____ **CCB # (if applicable)** _____
Name City State
Has this entity done business under any other names? Y N **If Yes, list:** _____

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 terms and conditions set forth by NWN. Applicant agrees to pay all fees and costs incurred by NWN in the collection of any past due account for which applicant is responsible including all collection agency fees, court costs and attorney fees. 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 #:** _____