



5875 Lakeview Blvd * Suite 102 * Lake Oswego, OR * 97035
P: 503-595-4360 F: 503-595-4234

NEW CUSTOMER FORM AND CREDIT APPLICATION
(Please fill out and return both pages)

Please read and sign the following form in order for Paradigm Foodworks, Inc to Process your credit application. Please mail or fax your signed copies.

The information will be used for internal purposes only for credit review and will be treated confidentially.

Accounts are due and payable within 15 days of receipt of order. Unauthorized discounts will be re billed.

In the event that an attorney or collector is employed in collection of this account, the purchaser agrees to pay all fees with or without suit. Title of merchandise remains with the seller until paid in full.

To qualify for freight discounts all invoice payments must be made within terms.

In the event that this account should become a collection problem, terms will revert to credit card payment or prepay.

The following information as well as any accompanying and or supporting information is for the purpose of obtaining credit and is warranted to be true. I / we do hereby authorize Paradigm Foodworks, Inc to investigate the references pertaining to my / our credit and financial responsibility. Paradigm Foodworks, Inc reserves the right to refuse or revoke credit at any time.

I / we have read and agree to Paradigm Foodworks, Inc's terms and conditions.

Company Name: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____



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Date: _____

APPLICATION FOR CREDIT

Please provide us with all information requested below. Failure to complete and sign this form will result in a delay of credit approval

Business Name: _____ Telephone: (____) _____

Address

Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Shipping Address (If different from above)

Street: _____ City: _____ State: _____ Zip: _____

Business Type: (check one)

Corporation: Partnership: Sole Prop: LLC:

Federal ID #: _____ Resale #: _____

Business Owner: _____ Date Established: _____

Dollar Amount of First Order: _____ High Credit Requested

Financial Institution: _____ Telephone: (____) _____

Address

Street: _____ City: _____ State: _____ Zip: _____

Type of Account: _____ Acct #: _____ Bank Acct Officer: _____

Trade References

Please attach a list of at least four companies with whom you have established open terms. Complete Name, address, telephone, fax and account number must be provided.

Credit Dept
Terms Approved: _____ Limit: _____ Denied: _____ Date: _____
Comments: