



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 all pages)

Please read and sign the following form in order for Paradigm Foodworks, Inc. to process your credit application. Please scan and email, fax or mail 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 charged back.

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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APPLICATION FOR CREDIT

Please provide all information requested below. Failure to complete and sign this form will result in 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: _____

Financial Institution: _____ Telephone: (____) _____

Address:

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

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

Credit Dept.

Terms Approved: _____ Limit: _____ Denied _____ Date: _____

Comments:

Please complete the **Trade Reference** form – page 3.



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TRADE REFERENCES

Company Name: _____

Address: _____

Phone No.: _____

Fax: _____

Account No.: _____

Company Name: _____

Address: _____

Phone No.: _____

Fax: _____

Account No.: _____

Company Name: _____

Address: _____

Phone No.: _____

Fax: _____

Account No.: _____

Company Name: _____

Address: _____

Phone No.: _____

Fax: _____

Account No.: _____