

McFarlane's Bark, Inc.

Serving Surrounding Areas Since 1932



Administration Office:
6566 SE Lake Rd Ste A
Milwaukie, OR 97222
Phone 503-654-1237
Fax 503-654-0519

Milwaukie Location:
13345 SE Johnson Rd
Milwaukie, OR 97222
Phone 503-659-4240
Fax 503-659-0237

Vancouver Location:
8806 NE 117th Ave
Vancouver, WA 98662
Phone 360-892-6125
Fax: 360-892-1034

Contractor License: MCFARB1903N5

READ THIS BEFORE COMPLETING APPLICATION

McFARLANE'S BARK, INC. CREDIT APPLICATION GUIDELINES.

- All applications should be COMPLETELY filled in with all pertinent information.
- All applications COD and Charge are to be signed by person/persons applying for Commercial Accounts.
- Applications for COD accounts may exclude Local Trade References.
- To receive a commercial account you must be a Qualifying Industry.
Examples are:
 - a. Landscape and Nursery Companies
 - b. Property Management Companies
 - c. Contractors and Haulers
- (Washington Resellers) A completed Resale Certificate must be submitted, before purchase(s), to qualify as non-taxable transaction(s). The UBI alone will not work.
- Personal information must match the name of person(s) signing the application.
- Local Trade References are supply or service companies where you have an active charge account (i.e. a saw shop or irrigation parts supplier).
- Revolving accounts are not considered valid Trade References.
- List Trade References that are comparable to the amount of credit you are requesting with our company.
- If you do not have Local Trade References but still want to be considered for charge privileges, please note "Starter Account" at the top of your application.
- PIN selection form must be completed.

Our Terms are Net 30 days from the date of the invoice at the time of service or purchase of product.

Accounts that are past due are subject to holds and delays of service, loss of special or bid pricing and or closure and collection.

McFarlane's Bark, Inc.

78 Years



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Disbursed by:

Date _____ CHECK ONE: C.O.D. Account _____ Charge Account _____ Credit Limit Desired _____

Business Name _____ Type of Business _____

Business Address _____ City _____ State _____ Zip _____

Billing Address (if different) _____ City _____ State _____ Zip _____

Office Phone (_____) _____ Cell or Pager (_____) _____ Fax (_____) _____

Person(s) to contact _____ E-Mail Address _____

Years in Business _____ Social Security or Federal Tax ID # _____ WA State Tax # _____

(Include Copy of Resale Certificate)

Personal Information on Owners: If Partnership or Corporation Include all Principals. Attach separate sheet if necessary.

Name _____ Spouse _____ Driver License # _____

Address _____ City _____ State _____ Zip _____

Bank References:

Bank Name & Branch _____ Account # _____

Branch Location Address _____ Phone (_____) _____

Complete this section for C.O.D. and Charge Accounts:

PLEASE READ POLICIES AND AGREEMENT CONTRACT CAREFULLY.

Policies: Recycling: Metro Service District Licensee McFarlane's Bark, Inc. is prohibited from receiving any solid waste not authorized in the Metro Facility License No. YD-026-08. There will be a fee charged to Client at the current Contamination Fee rate when non compliant.

Non-Negotiable Check Fee: \$25.00 or current bank rate whichever is higher.

Agreement: I/We hereby affirm that the information herein is true and correct. I/We will not dump contaminants in accordance with Metro License No. YD-026-08. If found that I/We have dumped contaminated materials I/We agree to pay the current Contamination Fee rates. If paying by check I/we agree to pay according to the policies noted above. I/We will notify McFarlane's Bark promptly of any change of address, phone or any other contact information.

Signature of Applicant _____

Print Name of Applicant _____

Title _____

Date _____

Complete this section for Charge Accounts:

List 3 Local Trade References, Include Fax#, Phone # & E-mail Address, Attach additional sheet if necessary.

PLEASE READ THESE POLICIES AND AGREEMENT CONTRACT CAREFULLY.

Credit Policy: Terms are net 30 from date of Invoice at the time of service or receipt of product. I/We authorize McFarlane's Bark, Inc. to obtain any information required for the purpose of obtaining credit. All payments are to be made on or before their due date, in accordance with the terms of sale. Accounts that are past due are subject to interest of 1.5% monthly, account holds, delays of service, loss of special or bid pricing and/or closure and collection costs.

Agreement Contract: I/We hereby affirm that the information herein is true and correct. Should credit be granted, the undersigned does hereby as an individual or individual(s) and jointly and severally guarantee payment for all products and services purchased heretofore and/or hereafter. I/We the undersigned hereby agree to pay interest on past due amounts and in the event of default payment of any amount due and if this account is placed in the hands of an agency or attorney for collection, to pay an additional charge equal to the cost of collection including agency and attorney fees. I/We understand this agreement binds me/us personally to payment of this account under the terms and conditions stated above.

Signature of Guarantor _____

Print Name of Guarantor _____

Title _____

Date _____



CUSTOMER P.I.N. SELECTION FORM

To insure your account against unauthorized charges or purchases, please complete this form and return to us. Be sure to provide the P.I.N. to all of your “authorized” personnel. Your P.I.N. may be changed at any time by simply calling or sending in a new form. Your account is your responsibility. Any person charging to your account that has your company P.I.N. will be considered “authorized” personnel. If you feel that an unauthorized person has your P.I.N., contact our office immediately for a P.I.N. change.

Your P.I.N. may be alpha or numeric .

P.I.N. = _____ *Minimum of 1 character, maximum of 6.*

Keep this portion for your records

(Cut here and return lower portion with your application)

Company Name _____

P.I.N. Selection = _____

Authorized Signature _____ Title _____

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CHARGE ACCOUNT TERMS AND POLICIES

Our terms are Net 30 days from the invoice date you receive with the product or service.

Terms Net 30

This is the basis on which we are extending charge account privileges to a customer.

1 - 30 Days Past Due

Occasionally we all need a little reminder. 30 days past due usually indicates that there has been an oversight in processing an invoice and/or sending payment. This condition is usually easy to correct.

31 - 60 Days Past Due or Exceeding Credit Limit

This usually indicates a problem. Prompt attention is required. We request that the person responsible for the account contact us. Account will be placed on hold until the problem is corrected or other arrangements/agreements have been made.

Note: Past due accounts will also forfeit any commercial or special bid rates.

61 - 90 Days Past Due

Unacceptable account condition. This account is in jeopardy! A 90 day past due account will be placed on a "Zero Balance Hold" status. This means that an account in this position must be paid in full before charge privileges may be reinstated and credit limits will be reviewed and adjusted accordingly.

91 + Days Past Due

Account Closed. Alternative collection action implemented.

We are happy to provide charge account privileges to our valued customers and we are confident that when we work together we can keep all of our credit accounts in excellent standing. Thank you for your attention and cooperation.

Please keep this document for your records.

