

Credit Application

Please fill out and fax to **303-444-4304**.

General Information

Applicant/Business Name: _____

Address: _____

City, State, Zip: _____

Billing Address: _____

Phone: _____

Fax: _____

Nature of Organization: Corporation Partnership Sole Proprietorship

Bank References (one reference required)

Bank & Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Trade References (three references required)

Company & Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Company & Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Trade References (continued)

Company & Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Account Agreement:

The above information is for the purpose of obtaining credit and is warranted to be true. The company hereby authorizes you to investigate our bank and trade references pertaining to our credit and financial responsibility.

If this application is approved, all applicants jointly and severally agree to pay all bills when tendered, Net 30. A service charge will be applied on the 31st day beyond the completion date of the invoice. Failure to pay when due will result in a service charge of 1.5% interest per month or the maximum rate permitted by law, whichever is less.

If accepted, any credit granted may be terminated without notice to any applicant. A notice of termination may or may not be sent to the address indicated herein. The amount of credit may be limited upon approval.

This credit application has been signed by a duly authorized representative of the company and attests financial responsibility, ability, and willingness by the company to pay your invoices in accordance with your standard terms and conditions of sale.

Company Name: _____

Signed: _____

Printed Name: _____

Title: _____

Date: _____