



DENVER
 12770 East 39th Ave., "A"
 Colorado 80239
 303.371.9790
 800.332.1245
 Fax 303.371.4729



LUBBOCK
 1400 East Loop 289
 Texas 79401
 806.744.8894
 800.262.6248
 Fax 806.744.8896



N. SALT LAKE CITY
 360 N. 700 W. "H"
 Utah 84054
 801.936.0940
 800.658.5302
 Fax 801.936.0942



WICHITA
 1515 E. 29th St. North
 Kansas 67219
 316.838.1474
 800.362.3033
 Fax 316.838.6104

CONFIDENTIAL ACCOUNT APPLICATION

The following information is furnished as being a true and correct statement of personal & financial information.

BUSINESS NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BILL-TO ADDRESS (IF DIFFERENT) _____

PHONE _____ FAX _____ MOBILE _____

E-MAIL _____ WEBSITE _____

SALES TAX? No Yes RESALE TAX LICENSE _____ *

* PLEASE INCLUDE COPY OF SALES TAX REGISTRATION CERTIFICATE & SIGNED EXEMPTION CERTIFICATE.

FED ID# _____

(CHECK ONE)

CORPORATION

PARTNERSHIP

LLC

INDIVIDUAL

DATE ESTABLISHED OR INCORPORATED _____

IF CORPORATION - LIST CORPORATE OFFICERS

IF PARTNERSHIP OR LLC - LIST PARTNERS

TITLE	NAME	HOME ADDRESS	HOME PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF INDIVIDUAL - LIST OWNER

NAME _____ SPOUSE _____

RESIDENCE ADDRESS _____

RESIDENCE PHONE _____ CELL PHONE _____

PREVIOUS BUSINESS NAME (IF ANY) _____

IF YOU ARE REQUESTING CREDIT WITH OUR COMPANY, PLEASE COMPLETE THE SECOND PAGE. OTHERWISE, ALL PAYMENTS ARE DUE AT THE TIME OF DELIVERY OR PRIOR TO RECEIPT.

SIGNATURE _____ DATE _____

TITLE _____

OFFICE USE:

CLERK _____ SALESPERSON _____ ACCT # _____





CONFIDENTIAL ACCOUNT APPLICATION

IF YOU ARE REQUESTING CREDIT WITH OUR COMPANY, PLEASE COMPLETE THE FOLLOWING:

ESTIMATE THE CREDIT LIMIT DESIRED \$ _____ *

BANK REFERENCE

BANK NAME _____ ACCT NO. _____
BANK ADDRESS _____ PHONE _____
BANK CONTACT _____

TRADE REFERENCES (PLEASE LIST YOUR CREDITORS.)

1) _____ PHONE _____
ADDRESS _____ FAX _____
2) _____ PHONE _____
ADDRESS _____ FAX _____
3) _____ PHONE _____
ADDRESS _____ FAX _____
4) _____ PHONE _____
ADDRESS _____ FAX _____

HAVE YOU OR ANY OF THE OFFICERS OF YOUR COMPANY EVER TAKEN BANKRUPTCY? No Yes

IF YES, NAME OF COMPANY OR INDIVIDUAL AND DATE: _____

TERMS & CONDITIONS

IT IS AGREED BY THE UNDERSIGNED THAT:

- (1) ALL MERCHANDISE SOLD ON OPEN ACCOUNT WILL BE DUE AND PAYABLE WITH THE TERMS STATED ON THE INVOICE WHICH THEY ARE BILLED.
- (2) STATEMENTS ARE MAILED THE FIRST OF THE MONTH. A SERVICE CHARGE OF 1.5% PER MONTH (18% PER ANNUM) WILL BE ASSESSED ON ANY PAST DUE AMOUNT.
- (3) ACCOUNTS WITH PAST DUE BALANCES ARE EVALUATED AND CAN BE PUT ON COD STATUS AT OUR DISCRETION.
- (4) APPLICANT SHALL PAY SUCH COSTS, EXPENSES, AND REASONABLE ATTORNEY'S FEES AS SELLER MAY INCUR IN ANY MANNER FOR COLLECTION OR ANY SUMS PAST DUE ON OPEN CREDIT EXTENDED. THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE INFORMATION IS TRUE AND AUTHORIZES SELLER TO CONFIRM THE ABOVE INFORMATION THROUGH ITS CUSTOMARY SOURCES.

I HEREBY AUTHORIZE ANY OF THE REFERENCES LISTED ABOVE TO PROVIDE YOU WITH ANY AND ALL INFORMATION REQUESTED BY YOU.

SIGNATURE _____ DATE _____

TITLE _____

IF A CORPORATION, AND ADEQUATE FINANCIAL HISTORY IS NOT AVAILABLE, IT IS REQUESTED THAT A PERSONAL GUARANTY FORM BE EXECUTED BY THE APPROPRIATE INDIVIDUAL.

* IF ESTIMATED CREDIT DESIRED EXCEEDS \$10,000, THEN A FINANCIAL STATEMENT MUST BE INCLUDED OR A STATEMENT FROM YOUR ACCOUNTANT MAY BE ATTACHED.