



**DENVER**  
 12770 East 39th Ave., "A"  
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 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.