



4112 KODIAK CT, SUITE A
FREDERICK, CO 80504
303-684-8725 / 800-443-9343
FAX 303-684-8726

Please print or type

CREDIT APPLICATION

Terms: Net 30 days

Company Name Payment Contact

Street Address Telephone Number

City State Zip Fax Number

Company Profile

Type of Business Annual Sales Estimated Monthly Purchases \$

Years in Business Under Present Owner Total Years in Business

Type of Ownership: Corporation Partnership Individual

Tax Exempt: Yes No Tax Exemption Number

IMPORTANT: IF FOR RESALE, PLEASE ATTACH TAX EXEMPTION CERTIFICATE OR DIRECT PAYMENT PERMIT NUMBER. IF NOT RECEIVED, TAX WILL BE BILLED.

Principal(s): Name, Address, Telephone, Title

- 1.
2.
3.

Bank Reference:

Name Account Number

Street Address Telephone Number

City State Zip Fax Number

Major Trade References:

1. Name Account Number

Street Address Telephone Number

City State Zip Fax Number

2. Name Account Number

Street Address Telephone Number

City State Zip Fax Number

3. Name Account Number

Street Address Telephone Number

City State Zip Fax Number

Applicant agrees to pay any collection costs incurred to collect the account balance, including reasonable attorney's fees. The undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed above.

SIGNATURE Title Date