



B2BDIRECT

**PO Box 1130
Niwot, CO 80544-1130
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** _____