



5165 W. Glacier HWY  
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## Pre-Approved APPLICATION FOR CREDIT

Account#: _____	Company Name: _____
Limit \$: _____ Disc %: _____	Mailing Address: _____
Contract: _____ Date: _____	Shipping Address: _____
Sales Rep: _____	Phone Number: _____

Fax Number: \_\_\_\_\_ Federal Tax I. D. #: \_\_\_\_\_ State: \_\_\_\_\_

Individual Ownership \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Check One

Year Business Established: \_\_\_\_\_ At Present Location Since: \_\_\_\_\_

# of Employees: \_\_\_\_\_ Monthly Credit Requested: \_\_\_\_\_ Ave. Monthly Purchases: \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_

**CONTACTS:**

Accounts Payable: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Office Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**AUTHORIZED BUYERS:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PURCHASE ORDER REQUIREMENTS:**

Numerical Purchase Order Required: Yes \_\_\_\_\_ No \_\_\_\_\_ (Check one)

Special Instructions: \_\_\_\_\_

If a name only or other purchase instructions are required, please indicate above.

**Is your company Non-Profit or Tax Exempt? (Circle)**

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please List Tax Exempt #: \_\_\_\_\_

**Will this account be used for the purchase of any resale merchandise?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please List Resale #: \_\_\_\_\_

**GUARANTOR INFORMATION:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ S. S. #: \_\_\_\_\_ - -

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_

### Important : PLEASE READ TERMS BEFORE SIGNING

I agree to keep within your terms if granted an open account. Should this account EVER become delinquent and it be necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum as attorney fees; also cost of such suit. Principal and interest payable in lawful money of the United States.

DATE: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

\_\_\_\_\_

**TERMS:** Amount DUE on or before the 10th - PAST DUE after the 15th.  
 Accounts PAST DUE as of the 30 th WILL BE placed on C. O. D. basis ONLY.  
 All returns subject to 15% re-stocking fee. NO RETURNS AFTER 30 days. All returned checks subject to a \$25.00 processing fee.