

## **CREDIT APPLICATION**

Company Name:				
Billing Address:				
Physical Address:				
Phone:F	<sup>-</sup> ax:	Email:		
	( ) Individual	() Partnership () C	Corporation	
Type of Business:				_Yrs. In Business:
Name of Parent Company (If Subsidiar	y):			
Owner / President:				
Physical Address:				
If Partnership - Name of Partners & Ad				
Federal ID # or Social Security #:				
Are Purchases Taxable? Y N City Tax				
Amount of Credit Requested:				
Address:				
Name	Add			Phone
Have you and/or officers of your compa	any ever taken	bankruptcy? Yes N	lo	
If yes, name of company and date:				
Is the business defendant in a lawsuit?	Yes No_	If yes, list and desc		
NOTE: Application must be signed in two	Χ	ATURE OF OWNER OF PR	SEOIDENIE (16.	
places before application will be processed				
PAYMENT TERMS NET 30 DAYS		Title:		
Interest of 1.5% per month will accrue	Driver's Licer	nse # & State of Signature	e above:	
Applicant's signature attest financial responsibilitherself and the above named company agrees to default. The guarantor agrees to submit to the judicial services and the submit to the judicial services.	ty, ability and willin o pay all costs and	legal fees should this matter b	e referred to an attorne	ated above. The guarantor for himsel y or other collection agency upon
This Guaranty shall continue in force until notice Windermere St., Englewood, CO 80110. Said not the described notice is received.				
INDIVIDUAL SIGNATURE:				
X			DATE:	
PRINT NAME:				
Driver's License # & State of Signature				