

## 2580 S. Tejon - Englewood, Colorado 80110 - (303) 825-0171 - (800) 758-1038 - Fax (303) 623-8311

## **CREDIT APPLICATION**

COMPANY NAME:				
Address:		City:	State:	Zip:
Company type of ownership (circle one):	Corporation	Partnership Sole proprietor	FEIN#:	
Principal Owners:			Years in Business:	
Phone:	Email:_			
Accounts Payable Email:		ū	nation will be held in the	strictest confidence
		ANK (Checking)		
Name:		Account #:		
Phone #:		Email:		
BUSINES	S REFERENC	ES WHERE CREDIT NOW EX	TENDED	
Name:		Name:		
Account #:		Account #:		
Address:		Address:		
City:State	Zip	City:	State	Zip
Phone #:		Phone #:		
Email:		Email:		
Name:		Name:		
Account #:		Account #:		
Address:		Address:		
City:State	Zip	City:	State	Zip
Phone #:		Phone #:		
Email:  I hereby authorize Rocky Mountains Disverification. I understand that the decisio upon any or all information obtained. If you tax exempt, please send a copy of your tax	stributing and in to allow me ou are retailer, p	its staff to proceed with any to buy/lease or rent from Rocky please send a copy of your resale	necessary credit che Mountains Distributin	ck and background g will be contingent

I understand the following and will abide by your company regulations:

- 1. I will notify Rocky Mountains Distributing of any changes in ownership of our company.
- 2. If granted credit, our company agrees to pay all invoices within 30 days. EQUIPMENT TERMS ARE NET 10 DAYS.
- 3. It is agreed that our account will become C.O.D. if we fail to pay invoices within the above stated terms.
- 4. Our company's financial condition is satisfactory and we can meet all financial obligations.
- 5. There are no lawsuits or judgments against us at the present time.
- 6. If our company defaults on payment of any outstanding invoices we agree to pay attorney and/or collection expenses.

Applicant's signature Title Date