



APPLICATION FOR CREDIT

3259 W. Hampden Ave.
 Englewood, CO 80110
 303-422-1858 OFFICE
 303-425-3562 FAX

(Please answer all questions. If no answer, write " N / A")

Firm Name:		Trade style / Type of Business			
Billing Address:			Phone:		
City:		State:		Zip Code:	
Full Name of Owners (or authorized corp. officer) list home address & zip code for partnership or individuals					
Please check one	<input type="checkbox"/>	Individual	SS # (for partnership)	FED TAX NO.	SPOUSE'S NAME
	<input type="checkbox"/>	Partnership			
	<input type="checkbox"/>	Corporation			
E - MAIL:		FAX:		Maximum Credit Limit: \$ 1, 500.00	

Trade References:	Reference 1	Reference 2	Reference 3
Name:	Name:	Name:	Name:
Address:	Address:	Address:	Address:
State:	State:	State:	State:
Zip Code:	Zip Code:	Zip Code:	Zip Code:
Name of Bank:	Account Number:	Telephone	:
Street Address:			

Applicant's signature attests financial responsibility, ability and willingness to pay accordance invoices in accordance with the following terms: Net 30 days.

Payment Delinquency - All accounts not paid in full within thirty (30) days of completion of work shall be considered delinquent and subject to collection. Customer agrees to pay all court costs and reasonable attorneys' fees for the collection of all past due amounts owed to the Company, plus interest thereon at eighteen (18%) per annum on all such amount outstanding. The interest rate is 1 1/2% per month (or such other as permitted by applicable laws on any unpaid balance).

The above information as well as that given on the second page is for the purpose of obtaining credit

and is true. I hereby authorize the firm to whom this application is made to investigate the references listed to my / our and financial responsibility.

Firm Name:	
By:	Title:
By:	Title:
By:	Title: