



303-825-8555

5515 W. WARREN AVE.

DENVER, CO 80227

FAX (303) 623-9483

CREDIT APPLICATION

Company Name: [ ] Proprietorship [ ] Corporation [ ] Partnership
Address: [ ] Own [ ] Rent Contact:
City: State: Zip Code:
Phone Number: Fax Number: Web Address:

BILLING INFORMATION

Bill to Address:
City: State: Zip Code:
Phone Number: Fax Number:

BANKING REFERENCE

Bank: Contact:
Address:
City: State: Zip Code:
Phone Number: Fax Number:
Account Numbers: [ ] Savings [ ] Checking [ ] Loan

TRADE REFERENCES

Business Name: Contact: Account Number:
Address:
City: State: Zip Code:
Phone Number: Fax Number:
Business Name: Contact: Account Number:
Address:
City: State: Zip Code:
Phone Number: Fax Number:
Business Name: Contact: Account Number:
Address:
City: State: Zip Code:
Phone Number: Fax Number:

Dun & Bradstreet Number: \_\_\_\_\_

The above noted bank and trade references have my permission to release information regarding any, and all, accounts established by the above company, including credit limits, balances and pay history.

Authorized Signature Title Date

**PURCHASE INFORMATION**

Amount of credit you are requesting:	
Is a Purchase Order required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Instructions:
If purchases will be sales tax exempt, please attach a copy of your state tax license/resale certificate	

**PRINCIPALS:** This section must be completed for ALL Owners, Partners or Corporate Officers – Use a separate sheet if necessary

<b>Name:</b>		<b>Title:</b>
Address:		<input type="checkbox"/> Own <input type="checkbox"/> Rent
City:	State:	Zip Code:
Phone Number:	Social Security Number:	
<b>Name:</b>		<b>Title:</b>
Address:		<input type="checkbox"/> Own <input type="checkbox"/> Rent
City:	State:	Zip Code:
Phone Number:	Social Security Number:	

**PAYMENT AGREEMENT**

Acceptance of invoice merchandise constitutes an agreement to pay within the terms listed thereon. Failure to pay on time will result in a service charge of 1 ½ % per month on all past due amounts, plus collection costs; including but not limited to attorneys fees. Payment of invoices by applicant/debtor shall at no time be contingent upon applicant/debtor being in receipt of payment from project owner or general contractor. Applicant/debtor agrees to notify Contractors Supply, Inc. of any errors or suspected errors in billing/shipping within 24 hours of receipt of shipment.

\_\_\_\_\_  
Signature of Owner/Principal/Partner\_\_\_\_\_  
Title\_\_\_\_\_  
Printed Name**GUARANTEE OF PAYMENT – REQUIRED FOR ALL PARTNERSHIPS AND CORPORATIONS**

I/we, the undersigned, hereby guarantee the prompt payment to Contractors Supply, Inc. of all amounts due and owing or which may hereafter become due and owing to Contractors Supply, Inc. from applicant/debtor. Liability of the undersigned shall not be affected or prejudiced by the additional acceptance of a note or evidence of indebtedness, and the undersigned hereby waives notice of all of the aforesaid. The filing of suit, or exhaustion of collection, or legal remedies against said debtor shall not be a condition precedent to the enforcement of this guarantee, and the undersigned hereby expressly waive(s) demand, presentiment for payment, notice of protest, or diligence. This guarantee shall continue until debtor/applicant has received a notice of termination executed by the undersigned. Should the undersigned elect to terminate the guarantee, such termination shall not affect the liability as to accounts and amounts then owing from the said debtor/applicant. In the event that suit is instituted on this guarantee the undersigned hereby agrees to pay all costs, including, but not limited to, court costs and attorney fees.

\_\_\_\_\_  
Signature of Guarantor\_\_\_\_\_  
Date\_\_\_\_\_  
Printed name of Guarantor\_\_\_\_\_  
Signature of Guarantor\_\_\_\_\_  
Date\_\_\_\_\_  
Printed name of Guarantor

Sales Person Code \_\_\_\_\_