Business Credit Application

Firm Name

Billing Address: Street or P.O. Box

City State Zip

Shipping Address: Street

City State Zip

Phone Fax

Date established under present ownership: _____

☐ Proprietorship ☐ Partnership ☐ Corporation

Tax ID Number

Description of Business

Name of Contact

E-mail

Partners or Officers:

1. _____ Name / Title
2. _____ Name / Title
3. _____ Name / Title

Bank Reference:

Bank Branch Lending/Account Officer

Address – Street City State Zip Commercial Account Number

Trade References: (local preferred)

1. _____ Name Phone:
   Address – Street City State Zip
2. _____ Name Phone:
   Address – Street City State Zip
3. _____ Name Phone:
   Address – Street City State Zip

Authorized Buyer(s):

1. _____ Name
2. _____ Name
3. _____ Name

Terms of Sale:
Payment is due the 10th (tenth) of the month following purchase. All invoices are past due after 30 days. Our policy is to send out monthly statements summarizing the previous month's invoices by dates, invoice number and amounts. Any account that is inactive over a year must re-establish credit. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. Thank you.

Signature of Authorized Agent, Officer or Owner **Printed Name** **Date**

1849 N. Wildwood Street, Boise, Idaho 83713
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