



**Credit Application**

Colorado Springs, Colorado Sales Office Tel (719) 262-2465 Fax (719) 592-0067 Attn: Cydney Smoote'

1. Tax Number: \_\_\_\_\_ D&B #: \_\_\_\_\_ MAM-A Contact: \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_

3. Billing Address: \_\_\_\_\_ 5. Shipping Address: \_\_\_\_\_

4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ 6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Web Page \_\_\_\_\_

8. Accounts Payable Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

9. Authorized Buyer: \_\_\_\_\_ Title: \_\_\_\_\_

10. Form of Organization: Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

11. Name of Officers/Partners/Principles (including titles): \_\_\_\_\_

12. Signature (must be company officer): \_\_\_\_\_ Date: \_\_\_\_\_

13. Name of Principle Bank: \_\_\_\_\_ Account Number.: \_\_\_\_\_

14. Bank Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

15. Account Officer: \_\_\_\_\_

16. Reference List: **Trade References (4 required)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

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