

# Credit Application



Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business       Corporation       Partnership       Proprietorship  
 Limited Liability       Limited Partnership

If Incorporated, State of Incorporation: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

How Long In Business: \_\_\_\_\_ How Long Under Present Control: \_\_\_\_\_

Have You or Has Your Company Ever Filed For Bankruptcy?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Accounts Payable Contact: \_\_\_\_\_

Officers/Principals (If Partnership or Proprietorship, SSNs and Home Addresses are Required):

|          |        |        |      |
|----------|--------|--------|------|
| Name:    | Title: | SSN:   |      |
| Address: | City:  | State: | Zip: |
| Name:    | Title: | SSN:   |      |
| Address: | City:  | State: | Zip: |

Credit Limit Requested: \_\_\_\_\_

Bank Reference:

|               |             |        |      |
|---------------|-------------|--------|------|
| Bank Name:    | Account No: |        |      |
| Address:      | City:       | State: | Zip: |
| Bank Officer: | Phone:      | Fax:   |      |

Trade References:

|          |        |        |      |
|----------|--------|--------|------|
| Name:    | Phone: | Fax:   |      |
| Address: | City:  | State: | Zip: |
| Name:    | Phone: | Fax:   |      |
| Address: | City:  | State: | Zip: |
| Name:    | Phone: | Fax:   |      |
| Address: | City:  | State: | Zip: |
| Name:    | Phone: | Fax:   |      |
| Address: | City:  | State: | Zip: |

CERTIFICATION, AGREEMENT TO TERMS

The undersigned certifies that all information on this form is correct. Applicant’s signature attests financial responsibility, ability and willingness to pay invoices in accordance with terms of 1% 10 days/Net 30 days, or such other terms as specifically stated on seller’s invoices. Applicant agrees that all purchases shall be pursuant to the terms and conditions stated on seller’s order forms and invoices and further agrees to abide by policies as may from time to time be promulgated by seller. Applicant agrees to pay interest on all past-due invoices at the rate of 1.5% per month, and to pay all attorney’s fees, arbiter’s fees and collection costs incurred in collection of any past-due balance. Applicant hereby submits to the jurisdiction of any court in Weld County, State of Colorado, and acknowledges that said courts are the appropriate venue to resolve any dispute arising hereunder, and further agrees that the venue of such action may be changed from such County only upon the written agreement of all parties to such action. The undersigned further agrees to accept service of process in such action by certified mail, return receipt requested, at the address stated above, and to acknowledge the receipt thereof in writing.

PERSONAL GUARANTEE

For value received, the undersigned guarantees payment for any indebtedness now existing or hereafter created pursuant to this credit application and agrees to be liable thereon. This is a continuing guarantee and shall cover future indebtedness as contemplated hereunder, including indebtedness arising under successive transactions that either continue the indebtedness or, from time to time, renew it after it has been satisfied. The applicant, as guarantor, hereby submits to the jurisdiction of any court in Weld County, State of Colorado and acknowledges that said courts are the appropriate venue to resolve any dispute arising hereunder.

APPROVAL TO OBTAIN INFORMATION FROM REFERENCES

The below named company has applied for credit with Sun Mountain, Inc. The authorized person signing below has given Sun Mountain, Inc. permission to contact the firm(s) and bank reference listed on the company’s credit application for information as Trade References. The information will remain confidential. The undersigned authorizes Sun Mountain, Inc. to obtain a personal credit report, as necessary.

Company Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person/Position: \_\_\_\_\_

Authorized (Owner’s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_