



# CONFIDENTIAL CREDIT APPLICATION

4935 IRIS STREET  
WHEAT RIDGE, CO 80033  
303-431-0875  
FAX 303-431-9873

OFFICE USE ONLY	
LMT _____	Acct # _____
TMS _____	Rep # _____
TERMS REQUESTED	
<input type="checkbox"/> Net 30 Days	
<input type="checkbox"/> C.O.D.	
<input type="checkbox"/> Visa / MasterCard	
# _____	

Business Name (D/B/A) \_\_\_\_\_ Fax \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Phone \_\_\_\_\_ Zip \_\_\_\_\_  
 Shipping Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Phone \_\_\_\_\_ Zip \_\_\_\_\_  
 Head Bookkeepers Name \_\_\_\_\_ Fax \_\_\_\_\_  
 Dept. Manager's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 State Sales Tax or Exemption Number \_\_\_\_\_ (Denver no.) \_\_\_\_\_  
 Owner or Principal's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_  
 Is Business: Corporation \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
 If Corporation: Name \_\_\_\_\_  
 Type of Shop: City \_\_\_\_\_ Area \_\_\_\_\_ General Sptg. \_\_\_\_\_ Specialty \_\_\_\_\_ Other \_\_\_\_\_  
 How Long in Business \_\_\_\_\_ At this location \_\_\_\_\_  
 If Less than Two Years, List Previous Experience \_\_\_\_\_

Name and Complete Address of Bank for Credit Reference:  
 Name \_\_\_\_\_ Contact \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Major Suppliers: Name and Complete Address - (Accessories or Clothing Suppliers only)

1) Name \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Phone \_\_\_\_\_ Zip \_\_\_\_\_  
 Acct # \_\_\_\_\_ Contact \_\_\_\_\_

2) Name \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Phone \_\_\_\_\_ Zip \_\_\_\_\_  
 Acct # \_\_\_\_\_ Contact \_\_\_\_\_

3) Name \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Phone \_\_\_\_\_ Zip \_\_\_\_\_  
 Acct # \_\_\_\_\_ Contact \_\_\_\_\_

Are any Attorneys or Collection Agencies Holding Claims Against You? \_\_\_\_\_  
 Details \_\_\_\_\_  
 Information Beneficial in Helping Establish Your Credit Line \_\_\_\_\_

Please furnish us with your most current financial statement.  
 I/We do hereby certify and warrant all the above information and financial conditions shown on this application to be true and complete.  
 I/We also acknowledge review and acceptance of terms and conditions as stated on reverse side of this form and in catalog.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Applicant

All information will be kept strictly confidential. Failure to furnish complete Names and Addresses may delay this application.

(SEE REVERSE SIDE)