



10114 Bluffmont Lane, Lone Tree, CO 80124

### Credit Application

Company Name \_\_\_\_\_ DBA \_\_\_\_\_

Kind of Business \_\_\_\_\_ Type (circle): C-corp/S-corp/LLC/partnership/sole proprietor

Federal (FEIN)# \_\_\_\_\_ State Revenue # \_\_\_\_\_ Year established \_\_\_\_\_

At present address since \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contacts: Owner \_\_\_\_\_ Buyer \_\_\_\_\_ Accts Payable \_\_\_\_\_

If residential address, provide commercial shipping address and phone number:

\_\_\_\_\_

Bank \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account # \_\_\_\_\_ Bank contact \_\_\_\_\_ phone \_\_\_\_\_

### Trade References/Major Suppliers

1. Company \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

2. Company \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

3. Company \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Agreement

Applicant agrees to pay any collection costs incurred to collect the amount balance including reasonable attorneys' fees. Jurisdiction shall be in the state of Colorado. The undersigned warrants that all of the information submitted is true. Applicant authorizes Biggies to investigate the credit and bank references listed above. Seller grants a five day grace period to receive payments; payments received after this date are subject to a service charge of 1 1/2% (annual rate  18%) applied to the unpaid balance. **This is a conditional sales agreement. Payments for initial and subsequent orders may be requested at the time of the order before product is shipped.**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_