FX: 970-635-1953

## **CREDIT APPLICATION**

Applicant:		<b>Date:</b> / /
Company Name:		
Address:		
City:	State:	Zip:
County (example- Larimer):		
Phone #	Fax #	
Email Address:		
Would you like invoices emailed	or mailed	
Email Address if applicable:		
Type of business:	Years in business:	
Ownership:		
Corp: Partnership:	Individual:	Other: (specify)
Names of Principle (s):	Phone #	
President_or Co.Owner/Partner:		
Auth. Purchasing Agent (s):		
Accounts Payable Person/ email:		
Bank:		
Bank Name:	Checking Account #:	
Address:		
Contact:	Phone #:	
T. I. D. C.		
Trade References:		
Name of Company:		Acct.#
Address:		
Phone #:	Fax #:	
Name of Company:		Acct.#
Address:		
		Acct.#_
		. 1000011
Phone #:	Fax #:	
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217 Colson Pl, Loveland, CO 80537 PH: 800-838-7940 or 970-622-0023 FX: 970-635-1953

## **CREDIT APPLICATION**

		(OVER)
RESALE? Y	ESNO (IF YES, PLEASE	E SEND COPY)
RESALE #	State	
	City	
	Terms of Sale a	and Agraament
	Terms or sale a	ina Agreement
Payment terms ar	e Net 30 days. Applicant(s) agr	rees to pay all monies due within 30 days from
sale date. A 1.5 %	6 finance charge per month at a	n annual rate of 18 % will be charged on all
delinquent accour	nts. Any bounced check fees sha	all be payable from the applicant. Should
applicant default	on terms and it is necessary to p	oursue legal action, the Applicant(s) agree to pa
all court costs and	• •	
All returns of mat	erial will be on account once ap	oproved. Nugent Supply will not cut checks for
any returned mate	erial.	
AUTHORIZED S	SIGNERS PRINTED NAME: _	
SIGNATURE:		TITLE:
DATE: /	/	