



3455 W. Reno Ave, Ste A
 Las Vegas, NV 89118
 Phone (702)649-7160
 Fax (702)649-7983

Credit Information

Name: _____ In Bus. Since: _____
 DBA: _____ Fed. Tax No.: _____
 Address: _____
 Phone No.: _____ Fax No.: _____
 Billing Address: _____

PLEASE ATTACH A COPY OF SALES EXEMPTION CERTIFICATE

Legal Business Type: Corporation Partnership Ownership/Sole Proprietor

If Corporation, list names of the officers. If Partnership, list all names and social security numbers of all partners.
 If Proprietorship, give name and social security number of owner.

NAME & TITLE	SOCIAL SECURITY #
_____	_____
_____	_____
_____	_____

A/P Contact: _____ Telephone No.: _____
 A/P Email: _____ Fax: _____

The undersigned : _____ has _____ has not filed for or been the subject of a bankruptcy as a company or as an individual. If yes, give type of bankruptcy and date filed. Chapter _____ Date _____

Reference Information

Bank Name: _____
 Address: _____
 Phone No.: _____ Fax No.: _____
 Account No.: _____ Contact: _____

Trade References

Name: _____	Name: _____
Address: _____	Address: _____
Account No.: _____	Account No.: _____
Phone No.: _____	Phone No.: _____
Fax No.: _____	Fax No.: _____

Signatures

Applicant's
 Signature: **X** _____ Date: _____
 Print Name: _____ Title: _____

I, **X** _____, We, **X** _____, agree that for, and in consideration of the
(Signature of Sole Proprietor) (Signature of Officer)

extension of credit herewith applied for, it is hereby agreed that in the event of default, all collection acts, attachments, court costs, interest accrued and reasonable attorney fees will be paid by the purchaser.

A late payment charge of 1% per month, not to exceed 12% per year will be levied on all past due accounts.
 Payment of account must be made in accordance with our Standard Terms and Conditions of Sale.

OFFICE ONLY

Reviewed by: _____	Date: _____	Credit Limit: _____
Approved by: _____	Date: _____	Terms: _____
Comments: _____		
