



6575 Hinson Street
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.

Table with 2 columns: 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: \_\_\_\_\_