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 smetal@cableone.net

**APPLICATION FOR LINE OF CREDIT (ALL INFORMATION MUST BE INCLUDED OR CREDIT WILL NOT MOVE FORWARD)**

DATE \_\_\_\_\_

THE CONTENTS OF THIS APPLICATION ARE HELD IN STRICTEST CONFIDENCE. PLEASE FILL IN ALL THE NECESSARY INFORMATION AND ANSWER ALL QUESTIONS COMPLETELY, INCLUDING ADDRESS AND ZIP CODES OR REFERENCES. THE FOLLOWING INFORMATION IS FURNISHED AS BEING A TRUE AND CORRECT STATEMENT OF PERSONAL AND FINANCIAL INFORMATION.

FIRM NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE THE BUSINESS STARTED: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

HAVE ANY OF YOUR PRINCIPALS OR OWNERS CLAIMED BANKRUPTCY? Yes \_\_\_\_\_ No \_\_\_\_\_

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ LLC \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_ IDAHO STATE CONTRACTORS LIC. #: \_\_\_\_\_

**\*(PRINCIPAL-OWNERS NAME)/POSITION/RESIDENCE ADDRESS/SOCIAL SECURITY No./DRIVER LICENSE #/LICENSE PLATE #**

1. \_\_\_\_\_

2. \_\_\_\_\_

❖ **SALES TAX / A COPY OF YOUR RESALE CERTIFICATE IS REQUIRED**

**\* BANK REFERENCES**

BANK NAME	PHONE	FAX	ACCOUNT NUMBER	CONTACT

**\* TRADE REFERENCES**

SUPPLIER	ADDRESS	FAX	PHONE #

**\*IF THE ABOVE INFORMATION IS NOT COMPLETE THIS FORM WILL BE RETURNED**

WE HEREBY AUTHORIZE ANY OF THE REFERENCES LISTED TO PROVIDE UBIC, INC./SNAKE RIVER METAL WITH ANY AND ALL INFORMATION REQUESTED. WE ACKNOWLEDGE AND AGREE THAT UBIC, INC./SNAKE RIVER METAL MAY UTILIZE OUTSIDE CREDIT REPORTING AGENCIES TO OBTAIN INFORMATION ON THE ABOVE REFERENCED FIRM. INDIVIDUAL SIGNING BELOW PERSONALLY ACCEPT FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY UBIC, INC./SNAKE RIVER METAL INVOICES IN ACCORDANCE WITH THE TERMS APPROVED. WE ALSO AGREE THAT SHOULD A CREDIT ACCOUNT BE OPENED, AND IN THE EVENT OF DEFAULT IN THE PAYMENT OF ANY AMOUNT, AND IF SUCH ACCOUNT IS SUBMITTED TO A COLLECTION AUTHORITY, TO PAY ANY ADDITIONAL CHARGES EQUAL TO THE COST OF COLLECTION INCLUDING COURT COSTS.

**TERMS OF THIS AGREEMENT**

ALL INVOICES ARE TO BE PAID WITHIN 14 DAYS FROM THE DATE OF THE INVOICE. (UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH OWNERS) APR IS 1.5% PER MONTH ON PAST DUE ACCOUNTS. AFTER 30 DAYS, THE ACCRUING INTEREST WILL BEGIN FROM THE ORIGINAL DATE OF INVOICE.

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**FOR QUESTIONS: LONNIE BRUTKE, JR. @ (208) 326-4555**