

SNAKE RIVER METAL



Application For Line Of Credit

Date: _____

** The Contents Of This Application Are Held In Strict Confidence. Please Fill In All The Necessary Information And Answer All Questions Completely, Including Address And Zip Codes Or References. The Below Information Is Furnished As Being A True And Correct Statement Of Personal And Financial Information.*

*** If The Below Information Is Not Complete, This Form Will Be Returned.*

Firm Name: _____

Billing Address: _____

Shipping Address: _____

Accounts Payable Contact Name: _____ Phone: _____

Company Phone: _____ Email: _____

Date The Business Started: _____ Type Of Business: _____

Corporation: Partnership: Individual: LLC:

Tax Exempt Status Requires A Resale Certificate. Tax Exemption Attached?: Yes No

Does Your Company Require A Purchase Order For Each Order Placed?: Yes No

State Of Incorporation: _____ Federal Identification Number: _____

Idaho State Contractors License Number: _____

Principal / Owner: Name: _____ Position: _____

Residence Address: _____ SSN: _____

Driver's License Number: _____ Phone Number: _____

Principal / Owner Email: _____

Have Any Of Your Principals Or Owners Claimed Bankruptcy: Yes No

Bank References			
Bank Name:	Phone Number:	Account Number:	Contact:

Trade References		
Supplier:	Phone Number:	Address:

**** We hereby Authorize Any Of The References Listed To Provide U-Build-It Center, Inc. (Snake River Metal) With Any And All Information Requested. We Acknowledge And Agree That U-Build-It Center, Inc. (Snake River Metal) May Utilize Outside Credit Reporting Agencies To Obtain Information On The Above Referenced Firm. Individuals Signing Below Personally Accept Financial Responsibility, Ability And Willingness To Pay U-Build-It Center, 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 The 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: _____

Printed Name: _____

Title: _____

Date: _____