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CREDIT APPLICATION

Name of Customer _____ Phone Number (_____) _____
Name of Parent if a Subsidiary/Division _____
Street Address _____
City _____ State _____ Zip _____
This Location Since _____ Type of Business _____
Billing Address, if different _____
TYPE OF ORGANIZATION: Corporation Partnership Proprietorship Date Established _____ State of Incorporation _____

TRADE/CREDIT REFERENCES:

Name _____	Name _____	Name _____
Phone No. _____	Phone No. _____	Phone No. _____
Acct/Contact _____	Acct/Contact _____	Acct/Contact _____

PLEASE DO NOT WRITE IN THE SPACE BELOW:

Date Acct. Opened _____	Date Acct. Opened _____	Date Acct. Opened _____
High Credit _____	High Credit _____	High Credit _____
Current Balance _____	Current Balance _____	Current Balance _____
Amount Past Due _____	Amount Past Due _____	Amount Past Due _____
Terms of Payment _____	Terms of Payment _____	Terms of Payment _____
Rating _____	Rating _____	Rating _____
Comments _____	Comments _____	Comments _____

State Sales Tax Number: _____ State Tax Exemption Number: _____
Please attach a copy of your State of Colorado Sales Tax License or Sales Tax Exemption Certificate.

TERMS:

Net 30 days, applicant agrees that on all unpaid balances over 30 days, applicant will pay interest at the rate of 2% per month or fraction thereof. If any account which is past due is turned over to an attorney for collection, buyer will be liable for all reasonable attorney's fees and other costs of collection. Customer understands that it is responsible for full payment of the amounts billed to it under this credit application/ agreement, within the terms granted, without condition of receipt of payment(s) from any third party.

IN ADDITION:

The undersigned represents and warrants that the statements of Customer attached hereto and all other information herein are true and correct in all respects, and that he or she is authorized to sign this application.

FOREGOING AGREED TO AND ACCEPTED:

BY _____ DATE _____
(Signature and title of officer or partner)

If customer is a CORPORATION or PARTNERSHIP: _____
(Print or type corporate or partnership name)

If customer is a SOLE PROPRIETORSHIP: _____
(Signature of guarantor)