



1879 South Acoma  
Denver, Colorado 80223  
303-781-1715 VOICE  
303-781-1735 FAX  
www.pressroominc.com

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)