



CREDIT APPLICATION FOR BUSINESSES

Corporate Offices at
55 W. Bromley Lane
Brighton, CO 80601
303-659-1230 Corporate
720-685-1998 Fax

NAME _____

BILLING ADDRESS _____ DELIVERY ADDRESS _____

MAIN OFFICE PHONE (_____) _____ LOCAL PHONE (_____) _____

BUSINESS TYPE: PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____

YEARS IN BUSINESS _____ IS FINANCIAL STATEMENT AVAILABLE? _____

SUBSIDIARY OF _____

FEDERAL I.D. NO. _____ RESALE LICENSE NO. _____

SOLE OWNER/PARTNER'S HOME ADDRESS _____

SOLE OWNER/PARTNER'S PHONE NO. _____ SOLE OWNER'S SS # _____

GENERAL MANAGER/PRESIDENT _____ LOCAL OFFICER CONTACT _____

ACCOUNTING OFFICER _____ ACCOUNTS PAYABLE CONTACT _____

INFORMATION REQUIRED ON INVOICES _____

WHO AUTHORIZES PAYMENT OF INVOICES _____

PAYMENTS ARE MAILED FROM _____

WHEN ARE PAYMENTS NORMALLY MADE _____

EMPLOYEES AUTHORIZED TO CHARGE _____

BANK INFORMATION

NAME _____ ACCOUNT NO. _____

ADDRESS _____ PHONE NO. _____

_____ FAX NO. _____

BANK OFFICER IN CHARGE OF ACCOUNT _____

LINE OF CREDIT UP TO: _____

Henderson:
Agronomy
303-659-3643
Energy
720-685-1949

Mead:
Agronomy
970-535-0457
Energy and Retail
970-535-4450 • 303-776-5015

Colorado WATTS:
1-800-322-6478

REFERENCES

Name _____ Account Number _____

Address _____ Phone _____

Name _____ Account Number _____

Address _____ Phone _____

Name _____ Account Number _____

Address _____ Phone _____

Fuel Supplier _____ Account Number _____

Address _____ Phone _____

Average Expected Monthly Purchases \$ _____ THIS IS NOT A REVOLVING ACCOUNT!

I/we understand that the service applied for is a privilege and convenience offered to the customers of American Pride Co-op, and that this privilege may be revoked if abused. I/we also understand and acknowledge receipt of the credit policy and terms of the American Pride Co-op. Accounts are due in full on or before the 20th of the month following the month of purchase.

EVERYTHING I/WE HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND AMERICAN PRIDE CO-OP WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I/WE AUTHORIZE YOU TO INVESTIGATE MY/OUR CREDIT AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME/US.

Company _____

Authorized Signature _____

Authorized Signature _____

Print Name _____

Print Name _____

Title _____

Title _____

Date _____

Date _____

FOR CREDIT DEPARTMENT USE
Checked by _____ Date _____
Credit Approved _____ Refused _____ Limit \$ _____
Date _____ Applicant Notified By _____