

*Application for Credit*  
**CMI-TECO**  
**FAX (307) 265-0707**

CUST # \_\_\_\_\_ NAME: \_\_\_\_\_ OPENED: \_\_\_\_/\_\_\_\_/\_\_\_\_

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ FEDERAL ID NUMBER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

DO YOU REQUIRE PURCHASE ORDER NUMBERS ? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOUR PURCHASES FROM US FOR RESALE ? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please supply us with a certificate number or a copy of your certificate. RESALE # \_\_\_\_\_ STATE \_\_\_\_\_

PERSON TO CONTACT FOR PAYMENTS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRINCIPLES \_\_\_\_\_ TITLE \_\_\_\_\_

\_\_\_\_\_ TITLE \_\_\_\_\_

BANK REFERENCE \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRADE REFERENCES:

1. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

2. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

4. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ALL ACCOUNTS ARE DUE AND PAYABLE 30 DAYS FOLLOWING THE CHARGE. Unless previous arrangements have been made, bills not paid within 30 days will be considered PAST DUE and a SERVICE CHARGE will be added on the unpaid balance at the rate of 1 1/2 % per month (annual percentage rate 18%).

I understand the CMI-TECO terms of N E T 30 and agree to abide by them. I certify that all the above information is correct. The undersigned hereby agrees to guarantee payment of the above account.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_