

Rocky Mountain Sunscreen Credit Application

14700 W. 66th Place, Suite #2, Arvada, CO 80004
303-940-9803; 888-356-8899 voice; 303-940-9809 fax
www.rmsunscreen.com

The undersigned company is applying for credit with Rocky Mountain Sunscreen and agrees to abide by the standard terms and conditions of Rocky Mountain Sunscreen as printed on the second page.

Company name

DBA (if different)

Contact person

Billing Address

Shipping Address

Phone

Fax

Email Address

Website Address

Federal tax ID or Social Security number

Resale Tax License Number (Wholesale Accounts Only)

Type of business

No. of employees

Date business established

Amount of credit requested \$

Are you a: (select one)

CORPORATION

Names, titles, and addresses of your three chief corporate officers

PARTNERSHIP

Names and addresses of the partners

SOLE PROPRIETORSHIP

Are you sales tax exempt? **Yes** **No** **If Yes, Tax Exempt Number** _____

Have you ever had credit with us before? **Yes** **No**

If yes, under what name? _____

TRADE REFERENCES

Reference #1 **Name & Account #** _____

Address _____

Phone/Fax (both required) _____

Contact _____

Reference #2 **Name & Account #** _____

Address _____

Phone/Fax (both required) _____

Contact _____

Reference #3 **Name & Account #** _____

Address _____

Phone/Fax (both required) _____

Contact _____

BANK REFERENCES

Bank#1

Account #

Phone

Contact person

Name of bank

Address

Bank#2

Account #

Phone

Contact person

Name of bank

Address

I represent that the above information is true and is given to induce Rocky Mountain Sunscreen to extend credit to the applicant. My company and I authorize Rocky Mountain Sunscreen to make such credit investigation as it sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature:

Printed name:

Title:

Date:

GENERAL TERMS AND CONDITIONS

- 1. Invoices are sent out upon shipment of the products.**
- 2. All bills become payable in full on the designated due date and if not paid by the due date are considered past due.**
- 3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.**
- 4. A service charge of 2% per month will be added to all amounts billed if not paid by the due date.**