

10645 W. Skycrest St. Boise ID 83713 Phone (208) 371-8456 Fax (208) 608-5826

CREDIT APPLICATION AND AGREEMENT

Part One:	BUSINESS INFORMATION			
Contact Name:		Email:		
E-mail for Invoices to Accounts	Payable:			
Business Name:		Phone	Fax	
Billing Address:		City, State, Zip	City, State, Zip	
Shipping Address:		City, State, Zip		
Date Business Established:		Federal Tax I.D. #		
Part Two:	PARTNERS/	OWNERS/ OFFICERS		
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Part Three:	PAYMENT	GUARANTEE		
all invoices within the following subject to a late payment charge amounts, the undersigned agrees	terms of sale: Invoices of 1.5% per month if pas to pay all outstanding cl	for the purpose of obtaining credit. The are due and payable in 30 days (NET st due. In the event of failure to make the payable in the payable of the payab	Γ 30) after ship date and the payment for past due obllection costs and attorney's	
The person guaranteeing payn	nent must sign below.			
Intending to be Legally Bound Here	by, the undersigned has exe	ecuted this Guaranty thisday of _	, 20	
1Signature of Owner, Officer or Author		2. Signature of Owner, Officer, or Au		
1. Print Name and Title of Above Person		2. Print Name and Title of Above Per		
Part Four:	ATTACH CREDIT	REFERENCE SHEET		

SALES TAX RESALE OR EXEMPTION CERTIFICATE

(Idaho dealers only) Please fill out Idaho ST101 form.

Part Five:

Please ATTACH your company's STANDARD CREDIT REFERENCE SHEET.

FAX to 208-608-5826 or e-mail to bob@gatorguard.com