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(For Office Use Only)	AAP	ANAP	OAP
DO			
A#			

APPLICATION FOR CREDIT

IN ORDER FOR THIS APPLICATION TO BE PROCESSED,

DATE:				COMPLETED IN ITS ENTIRETY & SIGNED		
BILLING ADDRESS	Address: City:		State:	Zip: E-Mail:		
SHIPPING ADDRESS or JOB SITE	Address: City:		State:	Zip: E-Mail:		
<u>PAYABLES</u>	Accounts Pavable Pho	one Number: YES NO NO NO NO NO NO NO NO NO N	(If ves. please	provide copy of sales tax license)		
<u>OWNERSHIP</u>	Federal Tax ID #: Owner Name(s)1		Social S Title:	corporated:ecurity No:		
DEFEDENCES	We require 3 credit references that are local, preferably within our trade, that you have established Net 30 day credit terms wifor a minimum period of one year. Applications <u>CANNOT BE PROCESSED</u> without proper references.					
REFERENCES	Account Number: Contact Name:			nber:		
	Account Number: Contact Name:			nber:		
	· · · · ·					
	Phone Number:		Fax Nur	nber:		
<u>BANKING</u>	Office:		Contact	: ne:		
<u>TERMS</u>	guaranteed within 30 days of date of still outstanding after 90 days from da will be borne by the purchaser; (4) til claims, requests for adjustments, or	delivery; (2) any charges un ate of delivery are subject t tle to all work shall remain notification of errors must narges unless revocation is	npaid after the above 3 to collection, and all col with the creditor until a t be made within thirty	ollowing: (1) Payment is jointly, severally and unconditionally 0 days are to be increased by 1 ½ % per month; (3) any charges lection or arbitration expenses, attorney's fees, and court costs II invoices and additional charges have been paid in full; (5) all days, or charges are considered accepted; (6) this agreement mail; (7) credit privileges may be withdrawn at any time without		
Credit will not be exten	ded for unsigned applications.					
<u>AUTHORIZATION</u>	Authorized signature:					
	Title: _					
	Date: _					