



**CREDIT APPLICATION TRADE REFERENCES**

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

ACCOUNT NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

CONTACT & TITLE \_\_\_\_\_

CONTACT EMAIL ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

CONTACT & TITLE \_\_\_\_\_

CONTACT EMAIL ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

CONTACT & TITLE \_\_\_\_\_

CONTACT EMAIL ADDRESS \_\_\_\_\_

Has the firm or any of its principles ever been bankrupt?  YES  NO

If yes, explain: \_\_\_\_\_

Any misrepresentation in this Agreement will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. Mountain West is authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed of 30 days and agrees to pay a service charge per month of 1.5% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees. Whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

BUSINESS NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

<b>ARIZONA BRANCH</b> 9160 E Del Camino Dr #B-2 Scottsdale, AZ 85258 602-437-1121	<b>COLORADO BRANCH</b> 700 W Mississippi Ave #A1 Denver, CO 80223 303-371-7777	<b>UTAH BRANCH</b> 2889 S 900 W SLC, UT 84119 801-487-5694	<b>WASHINGTON BRANCH</b> 1850 130th Ave NE Unit 2&3 Bellevue, WA 98005 206-248-1854	<b>OREGON BRANCH</b> 8150 SW Nimbus Ave Unit 5-D Beaverton, OR 97008 503-866-7193
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**CREDIT RELEASE AUTHORIZATION**

I AUTHORIZE:

_____			_____		_____	
BANK NAME			ACCOUNT NUMBER		TYPE OF ACCOUNT	
_____			_____		_____	
ADDRESS			PHONE NUMBER		FAX NUMBER	
_____			_____		_____	
CITY	STATE	ZIP	CONTACT & TITLE			
_____			_____			
			CONTACT EMAIL ADDRESS			
			_____			

TO RELEASE CREDIT INFORMATION, INCLUDING AVERAGE BANK BALANCE TO:

**MOUNTAIN WEST DISTRIBUTORS**  
**2889 S. 900 W.**  
**SLC, UT 84119**  
**801-487-5694**

As an inducement to grant credit, the undersigned agrees to Mountain West Distributors Inc. right to obtain the credit history of the undersigned and authorizes the release of such information by signature here:

BUSINESS NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERSONAL GUARANTEE**

In consideration for Mountain West extending credit to the business identified above for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Mountain West by the business identified above whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit as stated in the credit agreement between Mountain West and the business. Mountain West shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance, which may be extended by Mountain West.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail is received by Mountain West. Said notice shall specify the date on which this guarantee is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

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

SIGNATURE OF PERSON GUARANTEEING PAYMENT: \_\_\_\_\_

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