**Colt Rock and Lime, LLC**

Credit Application Form

Email: coltrockandlime@gmail.com

# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Date business commenced: |  |
| Company name |  | Sole proprietorship |  |
| Phone | Fax |  | Partnership |  |
| E-mail |  | Corporation |  |
| Registered company addressCity, State ZIP Code |  | Other |  |

# BUSINESS AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| City, State ZIP Code |  | Bank name: |  |
| How long at current address? |  | Primary business addressCity, State ZIP Code |  |
| Phone |  | Phone |  |
| Fax |  | Account number |  |
| E-mail |  | Type of account | Savings  Checking  Other |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |

# agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Colt Rock and Lime, LLC to make inquiries into the banking and business/trade references that you have supplied.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |

Tax Exempt? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, Submit copy of form.