



## **CREDIT APPLICATION AND AGREEMENT**

**NOTE:** In addition to the following, please attach a copy of your latest financial statement and resale certificates.

NAME OF BUSINESS				DATE						
BILLING & CORRESPONDANCE ADDRESS				SHIP TO AL	DRESS (If	different fro	om Billing Address)			
CITY (Billing)	COUNTY	STATE	ZIP CITY (Ship		o) (		COUNTY	STATE	ZIP	
TYPE OF BUSINESS:										
PROPRIERTORSHIP	P     PARTNERSHIP     CORPORATION     SUBSIDIARY/DIVISION OF:     OTHER									
TELEPHONE # DATE BUSINESS BEGAN /YRS THIS ADDRESS NAME(S) OF OWNER(S) AND OFFICER(S)   / /										
FAX #						FAXED UNLESS YOU PREFER e-MAIL OR THE US POSTAL SERVICE: 				
If annlicable. State Resale		•								
If applicable, State Resale Certificate No City/Town Resale Certificate No Federal Tax No. (FEIN) Expected monthly credit requirements of about \$ Type of Business										
PRINCIPAL SUPPLY & BANK REFERENECES										
FIRM NAME (1)			TELEPHONE #							
STREET ADDRESS	CITY	CITY			ZIP	FAX#				
FIRM NAME (2)		TE			TELEPHONE #					
STREET ADDRESS	CITY	CITY			ZIP	P FAX #				
FIRM NAME (3)		TE		ELEPHONE #						
STREET ADDRESS	CITY	CITY			ZIP	FAX #				
FIRM NAME (4)		<u> </u>		TELEPHONE #						
STREET ADDRESS			CITY	CITY			ZIP	FAX #		
BANK:			ACCOUNT #	ACCOUNT #		NAME OF OFFICER:				
STREET ADDRESS			CITY	CITY		STATE		ZIP		
TELEPHONE #	TELEPHONE # FAX #			REMARKS				I		
Applicant hereby agrees to pay late payment charges of 2% per month or as allowed by law on all overdue accounts. All charges are payable according to the terms of our invoices unless otherwise pre- arranged with the credit department. Should it become necessary for SKYLINE ENTERPRISES, INC. to file suit to enforce payment of any charges, applicant agrees hereby that such suit may be brought in the State of Colorado, County of Denver at sellers option and seller shall be entitled to court costs, attorney's fees and interest at the rate of 10% per annum on all amounts found to be due and payable. Should credit availability be granted by SKYLINE ENTERPRISES, INC., all decisions with respect to the extension or condition shall be in the sole discretion of SKYLINE ENTERPRISES, INC, who may terminate or suspend any credit availability within its sole discretion. Should materials or goods be delivered, I/we accept all responsibility for shipments by Skyline Enterprises, Inc. to job sites, my/our place of business, or any other location designated by me/us; whether or not someone is present to receive and sign for such materials or goods. I hereby certify the foregoing to be true to the best of my knowledge and agree to above terms.										
Line 1. Dated 20 (Signature of Applicant) (Title)										
(Signature of Applicant) (Title) For valuable consideration given or to be given, the undersigned hereby guarantees to pay all indebtedness or liability incurred in the name of the applicant firm without qualification or limitation. This guarantee shall inure to the benefit of and bind the heirs, administrators, executors, successors and assigns of the parties hereto.										
Line 2. Dated20(Signature of Guarantor)										
(Signature of Guarantor) The applicant hereby authorizes their bank to release information regarding their account to SKYLINE ENTERPRISES, INC. This information will be held in the strictest of confidence and be used solely to establish and maintain an open line of credit with SKYLINE ENTERPRISES, INC.										
BANK NAME	ACCOUM			NT #			ONTACT PERSON			
DATED	SIGNATURE				TITLE					
SKYLINE ENTERPRISES, INC.       4980 Oak Street, Wheat Ridge, CO 80033     Telephone (303) 744-3233 Fax (720) 570-1444       OFFICE USE: Approved by:on// Lmt: Terms: Cust ID: SR:										