



**PARTS-R-PARTS PLUS, Inc.**

Rentals | Sales | Service

855 East 68<sup>th</sup> Avenue, Denver, CO 80229

OFFICE: (303) 426-0006

FAX to Corporate Office

**(303) 426-4803**

### COMMERCIAL CREDIT APPLICATION

**BUSINESS INFORMATION:**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mail to Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner/Partner/Officer: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website URL: \_\_\_\_\_  
 Contractor License Number: \_\_\_\_\_

**ACCOUNTING INFORMATION:**

Contact's Name: \_\_\_\_\_ Accounting Email Address: \_\_\_\_\_  
 Accounting Phone: \_\_\_\_\_ Accounting Fax: \_\_\_\_\_

**TAX ID/SSN:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Sole Proprietor  Partnership  Corporation Type of Business: \_\_\_\_\_

Year Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Parent Company: \_\_\_\_\_

Ever Filed Bankruptcy? \_\_\_\_\_ If Yes When? \_\_\_\_\_ Amount of Credit Desired: \_\_\_\_\_

**BANK REFERENCE:** \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TRADE REFERENCES:**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that the above information is provided for the purpose of obtaining credit and I certify that to the best of my knowledge the above information is true and correct. By signing this form I am personally guaranteeing this debt and that I am authorized to sign on behalf of the company. By signing this form, I acknowledge and agree that balances are due within 30 days from said invoice date, and an interest rate of 1.5% per month will be charged on all unpaid balances. In the event of default and referral to an attorney and/or collection agency, I agree to pay all costs of collection, including attorney's fees.

**Officer/Owner Signature:** \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_