

Eagle Gardens, LLC.
PO Box 431
Eagle, CO 81637
(970) 390-1606

**CONFIDENTIAL CREDIT
 APPLICATION**

We welcome your interest in doing business with our company. For your convenience and to serve you more efficiently and completely, we encourage establishment of an open account. All information submitted will be held in the strictest confidence and used solely for reference purposes within our credit department. The extent to which this application is completed will assist us in determining the extent of your line of credit. Thank you!

DATE: _____ FAX #: _____
 FIRM NAME: _____ TEL #: _____
 MAILING ADDRESS: _____

 PHYSICAL ADDRESS: _____
 LEGAL STATUS: Proprietorship ___ Partnership ___ Corporation ___
 YEAR ESTABLISHED: _____ UNDER PRESENT OWNERSHIP SINCE: _____
 BUSINESS PROPERTY OWNED: _____ LEASED FROM: _____
 TYPE OF BUSINESS: RETAIL ___ WHOLESALE ___ OTHER _____

| Officers/Owner's Name (s) | TITLE | RESIDENCE | TEL# |
|---------------------------|-------|-----------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Trade References: list at least 4 from whom purchases are made on direct credit basis.

| Name | Address | City/State | Phone # |
|-------|---------|------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Bank Reference: name and branch: _____ Acct.# _____
 Address _____ Tel# _____
 Name of Officer You Deal With: _____

TERMS: Net 30 days. 2% service charge on all accounts over 30 days. In the event it becomes necessary to place this account for collection, we shall be entitled to payment of the full principal and all reasonable attorney fees and court costs.

PERSONAL GUARANTEE: In consideration of any credit extended, I (we or either of us) will individually and/or jointly guarantee full and prompt payment of all indebtedness by: (firm name): _____
 Incurred for merchandise furnished by EAGLE GARDENS, LLC, plus service charges and collection costs where applicable. Such guarantee shall remain in force until its revocation is acknowledged in writing to EAGLE GARDENS, LLC. Such revocation shall not affect indebtedness incurred prior to receipt of written notice.
 INDIVIDUAL: _____
Signature Title Social Security No. Date

I have read, understand, and accept the above terms, and have provided true information to the best of my knowledge. I further authorize EAGLE GARDENS, LLC to verify any and all references we have given that may be required to determine our credit capabilities and to request relevant information from credit reporting agencies.
 Applicant: _____
(signature and title of authorized Officer) Date