

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

RETURN FAX TO: 970-524-9935

**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