



**PACKING HOUSE  
— EQUIPMENT —**

17168 N Frontage Road  
Fort Morgan, Co 80701  
Www.sbparking.com

970-304-8388 Office  
970-304-8399 Fax

**Application For Credit**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Ship To Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Is:  Corporation  Partnership  Sole Proprietorship

Date Established \_\_\_\_\_ Federal ID# or Social Security # \_\_\_\_\_

Principal Owners / Stockholders / Officers

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

Bank Reference

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

Bank Officer \_\_\_\_\_ Phone # \_\_\_\_\_

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Trade References

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact \_\_\_\_\_

Terms

1. Invoices are due within 10 days from Date of Invoice
2. Finance Charges of 1.5% per month will be charged on all balances not paid within 30 days
3. Accounts with balances 60 days past due become C.O.D. (cash on day of service or no service)
4. I (We) agree to pay all collection costs, including reasonable attorney fees, and hereby waive all rights to claim exemption under state laws.
5. In the event legal proceedings are necessary to collect on any invoices, I (we) expressly consent to venue and jurisdiction in the State of Colorado.
6. The above information is given for the purpose of obtaining credit and is warranted to be true. I (we) affirm that I (we) are financially able to meet our obligations and will remit in accordance to the invoice terms.
7. I (we) hereby authorize all of the above named persons or companies to release to SB Packing House Equipment, LLLP., or it's representatives such information with regard to my / our financial condition.
8. I (we) authorize SB Packing House Equipment, LLLP. To obtain a consumer credit report on my / our credit history, in accordance with the Federal Fair Credit Reporting Act, and to use this report in making decisions concerning my / our credit worthiness.

Company Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_