

Wholesale Specialties
4800 East 48th Ave
Denver, Co 80216
Phone: 303-296-2212* Fax: 303-296-2536

Company Name: _____
DBA: _____
Phone: _____
Cell: _____ **Fax:** _____
Mailing Address: _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____

COMPANY OWNERS OR OFFICERS

Name: _____
Title: _____
Home Address: _____
City: _____ **State:** _____
Zip: _____
Ph#: _____

Name: _____
Title: _____
Address: _____
City: _____ **State:** _____
Zip: _____
Ph#: _____

ORGANIZATIONAL

Corporation _____ Partnership _____
Sole Proprietorship _____

How long in business: _____
Type of business: _____

BANK REFERENCES

Bank Name: _____
Address: _____
Zip: _____ **Ph#** _____
Checking Acct # _____
Savings Acct # _____

TRADE REFERENCES

Name: _____
Address: _____
City: _____ **Zip:** _____
Ph#: _____ **Acct#:** _____
Fax# _____

Name: _____
Address: _____
City: _____ **Zip:** _____
Ph#: _____
Fax: _____

Name: _____
Address: _____
City: _____ **Zip:** _____
Ph#: _____ **Acct#:** _____
Fax# _____

Name: _____
Address: _____
City: _____ **Zip:** _____
Ph#: _____
Fax: _____

Do you have or have you had any JUDGEMENTS, GARNISHMENTS, and OR BANKRUPTCIES?

YES _____ NO _____

If yes please explain:

Give a brief description of the materials you will be purchasing from us:

Amount of credit requesting: _____

If **TAX EXEMPT**, please list tax numbers: STATE _____ CITY _____

(Must provide a copy both licenses)

I, or we, the undersigned, understand that the terms of open account with **WHOLESALE SPECIALTIES** to be NET 30 days from statement date, and agree to said terms. I, or we, the undersigned, also authorize **WHOLESALE SPECIALTIES** to make such inquiries as you require concerning the above statements are necessary and do hereby certify the above statements to be true and correct to the best of my knowledge. I, or we, the undersigned agree to pay all reasonable collection and attorney's fees necessary to collect on this account should it become past due, **PLUS** a service charge of **2%** per month on the unpaid balance on this account.

Signature

Date

INDIVIDUAL PERSONAL GUARANTY

I, _____ residing at _____

For in and consideration of your expending to credit at my request
to _____

(Hereinafter referred to as the "COMPANY") of which I

_____ hereby personally guarantee to you the payment at irrevocable guaranty and indemnity for such indebtedness of the company, I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature

Date

PLEASE COMPLETE, SIGN AND ATTACH LATEST FINANCIAL STATEMENT TO THE APPLICATION