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CREDIT APPLICATION

FIRM NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY, ST., ZIP: _____

FAX: (____) _____ YEARS IN BUSINESS: _____ OFFICE: LEASE OWN CREDIT REQUEST: \$ _____

WEBSITE ADDRESS: _____ EMAIL ADDRESS: _____

NATURE OF BUSINESS: _____

FEDERAL ID # (FEIN or SSN): _____ OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION

OWNER(S):

NAME: _____ TITLE: _____ PHONE: (____) _____

HOME ADDRESS: _____ CITY, ST., ZIP: _____

NAME: _____ TITLE: _____ PHONE: (____) _____

HOME ADDRESS: _____ CITY, ST., ZIP: _____

BANK:

NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CITY, ST., ZIP: _____

PHONE: (____) _____ FAX: (____) _____

CONTACTS:

A/P CONTACT: _____ PHONE: (____) _____ FAX: (____) _____

SALES CONTACT: _____ PHONE: (____) _____ CELL: (____) _____

TRADE REFERENCES:

** PLEASE PROVIDE FAX NUMBERS FOR ALL YOUR REFERENCES, THANK YOU! **

FIRM NAME: _____ PHONE: (____) _____ FAX: (____) _____ ACCOUNT #: _____

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FIRM NAME: _____ PHONE: (____) _____ FAX: (____) _____ ACCOUNT #: _____

"This statement is furnished for the purpose of procuring credit, and is to be regarded as continuous until another shall be substituted for it. The undersigned hereby unconditionally guarantees the obligation of the above said corporation under this Credit Agreement. The undersigned further agrees to pay any reasonable attorneys' fees and costs which may be incurred by Colorado Petroleum Rebuilders, Inc. - CPR in the enforcement of this guaranty. The undersigned further agrees to pay any interest and finance charges not to exceed 1½% per month on any delinquent balance over 30 days old from date of invoice."

TERMS ON OPEN ACCOUNTS: Net 30 Days ALL INVOICES AFTER 30 DAYS ARE CONSIDERED PAST DUE.

I am responsible for the payment of the account personally and DBA:

 (Type or print full legal name of corporation or company)

 (Signature of Owner or Officer)

 (Print name of Owner or Officer)

In an effort to better serve your company's needs, please answer the following questions.

FIRM NAME: _____ PHONE: (____) _____

Prefer Monthly **Core** Statement (please choose only one):

Email Attn: _____ Email Address: _____

Fax Attn.: _____ Fax #: (____) _____

Mail Attn.: _____ Address: _____ City, St., Zip: _____

Prefer Monthly **Invoice** Statement (please choose only one):

Email Attn: _____ Email Address: _____

Mail Attn.: _____ Address: _____ City, St., Zip: _____

Prefer **Product Information**: (please choose only one):

Email Attn: _____ Email Address: _____

Mail Attn.: _____ Address: _____ City, St., Zip: _____

Do you want to receive our daily "Shipping Verifications E-Mail" when we ship products to you? Yes No

E-mail Address: _____

Are purchase orders required when ordering from CPR? Yes No

In the future, would you prefer to place orders on the Internet? Yes No

Blanket Certificate of Resale

This is to certify that all merchandise, or goods purchased by: _____

("Reseller") hereby certifies that it holds valid state sales tax permit number

_____ issued by the State of _____; that it is engaged in

the business of selling _____; and that tangible personal property of petroleum electronic equipment and related items purchased from CPR - Colorado Petroleum Rebuilders, Inc. will be resold by it in the form of tangible personal property.

In the event that any of the above described property is not resold and is not held by Reseller for retention, demonstration, or display for sale in the regular course of Reseller's business. Reseller will report the purchase of such property to the appropriate tax authorities and will pay required sales and use taxes relating to the purchase of such property.

Certified and agreed on _____, 20____ Title: _____

Signature: _____ Print Name: _____

Address: _____ City, St., Zip: _____