



Business Information:

Type of Business (check one): Individual Partnership Corporation Federal ID# _____
 Trade Name: _____
 Owner's Name (If individual): _____ SSN: _____
 Billing Address: _____ City/State: _____ ZIP: _____
 Shipping Address: _____ City/State: _____ ZIP: _____
 Phone: _____ Fax: _____ Email: _____
 Years in Business: _____ General Nature of Operation: _____

Partners and Corporate Officers:

1. Name: _____ Title: _____ SSN: _____
 Address: _____ Phone: _____ Email: _____
 2. Name: _____ Title: _____ SSN: _____
 Address: _____ Phone: _____ Email: _____
 3. Name: _____ Title: _____ SSN: _____
 Address: _____ Phone: _____ Email: _____

Bank Information:

Bank Name: _____ Phone: _____ Contact: _____
 Address: _____ City/State: _____ ZIP: _____
 Name on Account: _____ Account # _____

Trade References:

1. Name: _____ Address: _____
 Phone: _____ Fax: _____ Contact: _____
 2. Name: _____ Address: _____
 Phone: _____ Fax: _____ Contact: _____
 3. Name: _____ Address: _____
 Phone: _____ Fax: _____ Contact: _____

Billing Data:

Accounts Payable Contact: _____ Phone: _____
 Do you require purchase orders? Yes No Is your company solvent? Yes No
 Have you ever filed bankruptcy? Yes No If yes, when? _____
 Have you consulted a bankruptcy attorney during the past six (6) months? Yes No

Terms are net 30 days. In the event payment is not received when due, late charges will be assessed for the first day due. Applicant agrees to pay all late charges, court costs and reasonable attorney's fees incurred for collection of all sums due under this agreement. The exclusive venue for any legal dispute out of Applicant's transactions with Power Screening shall be the County or District Court of Adams County, Colorado. In any such dispute the parties waive trial by jury. Unpaid balances shall bear interest at the rate of 1-1/2% per month (18% per year). The above reference information is for the purpose of obtaining credit. Power Screening LLC is authorized to investigate the references listed pertaining to our credit and financial responsibility. **MUST BE SIGNED BY AN OFFICER OF THE COMPANY.**

Signature / Title: _____ **Date:** _____

Credit Inquiry Authorization

I / We authorize POWER SCREENING LLC to make whatever credit inquiries it deems necessary in connection with a lease/credit application or credit review. I / We authorize and instruct any person, trade reference, bank, and consumer reporting agency to compile and furnish to POWER SCREENING LLC any information that it may have or obtain in response to such credit inquiries, and agree that such information, along with the application, shall remain POWER SCREENING LLC's property whether or not the lease/credit application is approved.

Company Name

Printed Name of Authorized Signatory

Signature & Title

Date