Submitted by salesman#	



Account #	

## 601 E. Gowen Road • Boise, ID 83716 • (208)376-8400 FAX (208)376-7409

## **CREDIT APPLICATION**

COMPANY NAME						
ADDRESS						
CITY		STA	TE	Z	IP CODE	:
PHONE <u>#</u> ( )	-	_FAX #	(	) -		
EMAIL ADDRESS						
WEB SITE						
Indicate whether Corpo	oration $\square$ Partne	rship $\Box$ Pro	prietors	hip Stat	e of Inc	orporation
PRESIDENT/OWNER						
HOME ADDRESS						
HOME PHONE ( )						
V. P., SECRETARY,TREAS						
HOME ADDRESS						
HOME PHONE ( )						<u> </u>
Month and Year this busing How long have you/Partr	ness was started: ners/Corporate Of	MONTH ficers owne	d this bu	ısiness?	YE.	AR
FRANCHISE BRANDS SOLD:						
PLEASE FURNISH COMPLET		ES, AND PHO	NE NUM	BERS OF A	AT LEAST	FOUR BUSINESSES
WITH WHOM YOU DO BUSII NAME	NESS ON CREDIT:	ADDRESS				PHONE NO.
				(	)	_
				(	)	
				(	)	-
I (we) hereby certify the statemen bills when same become due or pay exceed 1 ½% per month, on past of event action is commenced against responsible for all debts incurred binterest all inventory proceeds from	yable pursuant to the ter due balance, if applicable t the firm for non-payme by the firm requesting cre	ms of sale. I (we, and all collectint. The firms of sale and all collectint. The firms of sale and its of sale.	e) further on costs place personate to the costs place personate to the costs personate to the costs personate personate to the costs per	agree to pay us reasonab ally guarante tatives. I (v	all carrying le attorney ee and will l ve) grant se	g charges not to 's fees in the be individually ecurity
DATE	COMPANY NAME					
Type or Print Name						
Type or Print Name	DE OEEICED AND ODIC	Sigr	ned	D OEEICE	DEMIS	ED 2/2/2014