89 Trimble Crossing Dr., Suite E
Durango, CO 81301 | 800.447.8836

COMMERCIAL CREDIT APPLICATION

Please type or print clearly

Principal Business Location for Billing

Complete Name of Business:

Street Address:

Phone #:

Trade name or DBA if applicable:

Other names or related business entities:

Specific Business Information

Type of business:

Date Business Started:

Business License #:

Resale #:

# of Employees:

State Inc. In:

Date Inc.:

Bank References

Bank Name:

Bank Telephone #:

Bank Street Address:

Name of Bank Officer:

How long with bank?:

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Trade References

Reference 1 Name:

Phone #:

Street Address:

Reference 2 Name:

Phone #:

Street Address:

Reference 3 Name:

Phone #:

Street Address:

Customer Agreement

The undersigned hereby makes application for credit and certifies that all information contained herein is true and correct. Applicant agrees to comply with all terms established by EasyCare Inc. for approved credit accounts.

Authorized Signature:

Printed Name:

Title:

Date: