



Credit Application: Please fill out all of the information and sign at the bottom so we can process immediately. Barz Fax- 970-387-5174 Phone-970-387-5173

NAME OF BUSINESS:	CONTACT PERSON:
Business Phone:	Business E-mail:
FAX:	
Business Billing Address:	Business Shipping Address:

Type of Business: (circle one) Sole Proprietor Partnership LLC Corporation 'S' Corporation Other:_____

Bank Name: _____ **Account Number:** _____

Bank Telephone: _____ **Contact Person:** _____

Please provide 3 trade references that we can contact:

BUSINESS NAME	CONTACT PERSON	PHONE NUMBER	ADDRESS	ACCOUNT #
<u>1.</u>				
<u>2.</u>				
<u>3.</u>				

I verify that all information included in this credit application is true to the best of my knowledge & I agree to terms specified on invoices from Barz Decorative Hardware:

Signature _____ Print name _____ Today's Date _____