



APPLICATION FOR CREDIT

WWW.COLORADOSTORAGESYSTEMS.COM

CUSTOMER INFORMATION

Applicant Name: _____ A/P Contact: _____
 Business Address: _____ City/State/Zip: _____
 Billing Address: _____ City/State/Zip: _____
 Phone: _____ Fax: _____ Email: _____
 A/P Phone: _____ Fax: _____ Email: _____
 P.O. Required? YES NO Tax Exempt? YES NO Type of Business: _____
Must Include Tax Exempt Certificate
 Please check one: Corporation Partnership Sole Proprietor Government Individual
 Owner/Officer: _____ Title: _____
 Federal Tax ID# _____ Resale# _____
 Social Security # _____ Drivers License # _____ State _____
Social Security # is required for partnership, sole proprietor, or individual
 Bank Name: _____ Address: _____
 Bank Phone _____ Account # _____ Contact _____

TRADE REFERENCES

REFERENCE 1: _____ Contact: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Fax: _____ Email: _____
REFERENCE 2: _____ Contact: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Fax: _____ Email: _____

OTHER

Have you ever filed bankruptcy? YES NO

All Colorado Semi Trailer / Mobile Storage Containers may charge interest on any past due balances at the maximum rate allowed by law with said interest being calculated from the date of default. In consideration of All Colorado Semi Trailer / Mobile Storage Containers extending credit to the above business, I/we do hereby agree jointly and individually, to pay for all goods, wares and merchandise supplied to me or to any of us or the above business. In the event that the account is placed with a third party for collection, I/we agree to pay all costs including reasonable attorney fees, court costs and finance charges.

Signature attests that the information provided is accurate, complete, gives authorization to check credit, financial and banking history, and accepts that invoices are due upon receipt. By signing below I/we also Understand and Authorize all dishonored checks plus a processing fee to be electronically debited from my/our checking account. Furthermore, I/we Understand that if a storage trailer is used for anything other than storage, I/we will be liable for any and all damages.

Individual signing below is an authorized officer and or signer for the company above.

Authorized Signature _____
Date

Print Name _____
Title

Please visit www.coloradostoragesystems.com and click on Customer Services > Automatic Payment Services to sign up for our free and easy Automatic Payment Service Program (Mastercard, Visa, American Express, & Discover card).

Please email your completed application to credit@coloradostoragesystems.com or fax to **303-296-1293**