

COBITCO, Inc.  
5301 Bannock Street  
Denver, CO 80216-1623  
Phone: 303-296-8575  
Fax: 303-297-3029

**Confidential Credit Application**

The following information is submitted for your consideration as a basis for opening an account with us.

Legal Company Name (for invoicing) \_\_\_\_\_

Trade Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Type and Nature of Business \_\_\_\_\_

Estimate Line of Credit needed \_\_\_\_\_ Sales Tax Exemption \_\_\_\_\_ Yes \_\_\_\_\_ No

State/City Exemption no: \_\_\_\_\_ Federal ID no: \_\_\_\_\_

**OWNERSHIP**

Owner's/Principle's Name \_\_\_\_\_

Partnership: Name of Partners \_\_\_\_\_

Corporation: President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

**\*\*COMMERCIAL REFERENCES\*\***

Name	City/State	Phone	** FAX **
------	------------	-------	-----------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BANK REFERENCES**

Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Account \_\_\_\_\_

We authorize the above listed companies and/or banks to release information requested of them necessary to establish a line of credit with COBITCO, Inc. and hereby agree to the following selling terms. Invoices are due thirty days from the billing date and must be paid in thirty days to be within net terms. Statements are only sent on request.

Company Name \_\_\_\_\_ By \_\_\_\_\_