

# Application for Credit

## INFRA-RED RADIANT, INC.

3130 S Platte River Dr  
Englewood, CO 80110  
Phone 303.761.1444 \* 800.748.2678  
Fax 303.761.1462 \* infraredradiant.com

### Instructions for Completion of Credit Application

Fill in all lines as completely as possible. The more complete the information, the easier it will be for Infra-Red Radiant to verify references, and the sooner you will be notified about the status of this request. Type if possible, or print legibly. This application must be completed by an authorized owner/officer of the company. The original signed Credit Application and Statement of Policy for Credit Accounts must be mailed to Infra-Red Radiant, Inc. within two (2) business days of any Credit Application faxed to Infra-Red Radiant, Inc. for consideration of opening an account. Application for credit will not be considered without complete banking information nor without at least three (3) trade references. When application is complete, a corporate officer/owner who is authorized to sign contracts for the applicant company should read and must sign the Statement of Policy for Credit Accounts.

#### Your Company Information

Company Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Shipping Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### Colorado Sales Tax Information

Colorado State Sales Tax Number \_\_\_\_\_  
 \_\_\_\_\_  
 If your company is located in Colorado, and you elect to be charged sales tax, check here and omit Sales Tax License Number

#### Ownership

Individual or sole proprietor   
 Sole Proprietor SS Number \_\_\_\_\_  
 Partnership   
 Limited Partnership   
 Corporation   
 Limited Liability Corporation   
 State and Date of Incorporation \_\_\_\_\_  
 Corp/Partner Fed Tax ID Number \_\_\_\_\_

#### Officers / Owners

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Residence \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Residence \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Residence \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Bank References

Bank Name \_\_\_\_\_  
 Acct Officer Name \_\_\_\_\_  
 Bank Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

#### Bank Accounts

Checking Acct Number \_\_\_\_\_  
 Savings Acct Number \_\_\_\_\_  
 CD Acct Number \_\_\_\_\_  
 Trust Acct Number \_\_\_\_\_  
 Other Asset Accts \_\_\_\_\_

#### Bank Loans

Bank Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of Loan Origin \_\_\_\_\_ Balance \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of Loan Origin \_\_\_\_\_ Balance \_\_\_\_\_

#### Trade References

Name _____	Phone _____	Name _____	Phone _____
Address _____	Fax _____	Address _____	Fax _____
Name _____	Phone _____	Name _____	Phone _____
Address _____	Fax _____	Address _____	Fax _____

### Statement of Policy for Credit Accounts with Infra-Red Radiant, Inc.

In consideration for credit being extended, I acknowledge that I have read and understand the terms under which credit is granted and that I agree to the following: The owner(s), partner(s) and/or officers named in the credit application personally guarantee payment for all items sold to the applicant. Payment Terms: Net 30 days from date of invoice. Finance charge: 1.5% per month (18% per annum) on all accounts past 30 days. Collections: Any charges outstanding after 90 days from date of delivery are subject to collection. Purchaser shall be liable for attorney fees, court costs, and collection costs associated with collection of this debt. Jurisdiction will be appropriated in the State of Colorado and venue proper in the County of Arapahoe.

I certify that all information given on the credit application form is complete and accurate. I fully understand the credit terms stated and agree to the proper payment in consideration of extended credit. I am authorized to sign for the company named as the applicant. By signing, I authorize banking and trade references listed on the credit application to provide information to Infra-Red Radiant, Inc., regarding accounts our company currently has or has had with the listed reference sources.

Signature of Corporate Officer / Owner:

\_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_