

# Your Fence Store

General Offices  
P.O. Box 6263  
North Logan, Utah 84341  
U.S.A.

Phone (435) 563-0259  
Fax (435) 563-0260  
www.yourfencestore.com  
info@yourfencestore.com

## CREDIT APPLICATION

All information given will be treated as confidential. Please print or type.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Credit Contact: \_\_\_\_\_ Sales Contact: \_\_\_\_\_

1. Type of Company:  Corporation  Partnership  Proprietorship  
2. The office listed is:  Only Office  Head Office  Branch  
3. Sales Tax Exemption Number: \_\_\_\_\_ (if applicable, attach certificate)  
4. Number of Years in Business: \_\_\_\_\_ U.S. Federal Identification Number: \_\_\_\_\_

5.	<u>Officers in Company</u>	<u>Position</u>	<u>Home Address</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

6. Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

7. Suppliers:	<u>Name</u>	<u>City</u>	<u>Phone</u>
a.	_____	_____	(____) _____
b.	_____	_____	(____) _____
c.	_____	_____	(____) _____

We certify that the above information is correct, and consent to the receipt and exchange of any credit information required by Your Fence Store™. We specifically direct the above mentioned BANK and SUPPLIERS to release any information requested by Your Fence Store™. We further agree to pay Your Fence Store™ according to the terms of the sale, and acknowledge that interest will be charged on overdue accounts, as set out on Your Fence Store™ invoices. We agree to a finance charge of 1 ½ % per month, which is 18% per Annum on any unpaid balance of any invoice. If a suit or court proceeding is brought by Your Fence Store™ to collect any outstanding balance we agree to the jurisdiction in the State of Utah and agree to pay reasonable attorney fees and other costs associated in collection and referral to an attorney.

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_