

High Country Gas & Supply

Grand Junction, Co. 81501

Name or Company's Name: \_\_\_\_\_

(Number)

(Street)

(City)

(State)

(Zip Code)

(Number)

(Street)

(City)

(State)

(Zip Code)

Type of Business: \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_

Has the company or any of its principals ever been bankrupt? ☐ Yes ☐ No

Principals: \_\_\_\_\_  
(Name)

(Home Address)

(Phone #)

Principals: \_\_\_\_\_  
(Name)

(Home Address)

(Phone #)

(Name)

(Phone #)

(Name)

(Phone #)

(Name)

(Phone #)

Purchasing Contact: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Please check one of the following:

☐ We would like all invoices and statements mailed to us.

☐ We would like all invoices and statements faxed to us at:

Fax # \_\_\_\_\_ Attn: \_\_\_\_\_

☐ We would like all invoices and statements e-mailed to us at:

Email: \_\_\_\_\_ Attn: \_\_\_\_\_

Please fill out below which employees/persons are allowed to charge on this account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood and accepted by the undersigned applicant that:

- 1) Our terms are strictly Net 30.
  - 2) Late charges in the amount of 1 1/2% per month will be assessed on accounts over 30 days past due.
  - 3) Purchaser agrees to pay all collection costs and attorney's fees necessary to collect past due accounts.
  - 4) Failure to complete application entirely may result in delay and inconvenience to you.
- Applicant's signature attests financial responsibility and willingness to pay invoices in accordance with above terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individual Personal Guaranty

I \_\_\_\_\_, hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty, and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. The Officer(s) of the company must sign below as individuals-signatures only, no corporate titles.

Signature: \_\_\_\_\_

Print Individual's Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Alert Credit Bureau Inc.

3300 E. 1st Ave. Suite 200

Denver, Colorado 80206

Phone: 303\*825\*8469

Fax: 303\*825\*9152

Toll Free 1\*800\*874\*0034

www.alertcredit.com

## AUTHORIZATION FOR CREDIT CHECK

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INTL: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

IF A JOINT REPORT IS DESIRED, PLEASE COMPLETE THE FOLLOWING  
 AN ADDITIONAL FEE WILL BE CHARGED PER BUREAU

SPOUSE'S FIRST NAME: \_\_\_\_\_ INTL: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I HEREBY AUTHORIZE ALERT CREDIT BUREAU, INC. TO OBTAIN AND FURNISH TO THE  
 ALERT CREDIT BUREAU INC. MEMBER, COPIES OF MY CREDIT BUREAU FROM ANY OR ALL  
 OF THE MAJOR CREDIT REPORTING AGENCIES. I UNDERSTAND THAT ANY CHANGES OR  
 CORRECTIONS I WISH TO MAKE TO MY CREDIT RECORDS, OR DISPUTES OF INFORMATION  
 CONTAINED THERE IN MUST BE HANDELED WITH THE CREDIT BUREAU SUPPLYING THE  
 INFORMATION ON THE REPORT. I MUST FIRST OBTAIN A REPORT DIRECTLY FROM THE  
 SUPPLYING CREDIT BUREAU, BEFORE REQUESTING ANY CHANGES.

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SPOUSE SIGNATURE BY: \_\_\_\_\_ DATE: \_\_\_\_\_

MEMBER # \_\_\_\_\_ MEMBER NAME: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_  
 TEL: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING PACKAGES:  
☐ CREDIT REPORT ONLY ☐ CREDIT, EVICTION OR CRIMINAL ☐ OTHER: \_\_\_\_\_  
 ALL CRIMINAL AND EVICTION RECORDS ARE OUT OF THE STATE OF COLORADO. IF OUT OF  
 STATE CRIMINAL CHECK IS OERED PLEASE CONTACT OUR OFFICE AT (303) 825-8469.