

CONTRACTORS SUPPLY INC
PO BOX 1655 * 5005 ROURKE AVE
GILLETTE, WY 82717
(307) 682-5153 * FAX (307) 682-0356

APPLICATION FOR ACCOUNT:

BUSINESS NAME: _____

STREET NAME: _____ **CITY** _____ **STATE** _____ **ZIP** _____

BILLING ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

TYPE OF BUSINESS: _____

BUSINESS PHONE: _____ **FAX:** _____

CELL PHONE: _____ **EMAIL ADDRESS:** _____

CIRCLE ONE: **CORPORATION** **PARTNERSHIP** **SOLE PROPRIETOR** **LLC**

OWNER: _____ **ACCT. PAYABLE:** _____

DO YOU REQUIRE SALES TAX TO BE CHARGED: **YES** _____ **NO** _____

IF NO, PLEASE SEND RESALE NUMBER WITH APPLICATION _____

IF YES, PLEASE LIST _____
 PERCENTAGE **COUNTY** **STATE**

IS PURCHASE ORDER REQUIRED: (Y / N) **PURCHASE ORDER NUMBER ONLY: (Y / N)**

LIST THREE TRADE REFERENCES:

NAME: _____ **NAME:** _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____ **ADDRESS:** _____

CITY/ST: _____ **CITY/ST** _____ **CITY/ST** _____

PHONE: _____ **PHONE:** _____ **PHONE:** _____

CONTACT: _____ **CONTACT:** _____ **CONTACT:** _____

FAX: _____ **FAX:** _____ **FAX:** _____

EMAIL: _____ **EMAIL:** _____ **EMAIL:** _____

****NOTE: HAVING A **FAX NUMBER OR EMAIL ADDRESS** WITH EACH TRADE REFERENCE CAN HELP SPEED UP THE PROCESS.**

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TERMS AND CONDITIONS

1. ***Credit terms are as follows: All purchases will be paid in full within 30 days from date of invoice. Any balance remaining unpaid after this time will be past due, and will be subject to a late charge of 1 ½ % per month until paid in full. At any time when the account is past due; the seller may engage an attorney for collection; and undersigned agrees to allow all reasonable attorney's fees, and court cost to be added to the principle balance.***
2. ***The undersigned authorizes the seller to deliver merchandise to any person representing him or herself as an employee or representative of the purchaser.***
3. ***Any merchandise so accepted for return will be subject to a minimum 15% handling charge. Non- standard items are non-refundable.***
4. ***Notification must be provided to apply CREDIT MEMO(S) to account.***

We certify that all the information on this form is correct; and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed: _____

Position: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Phone: _____

Resale Purchases: If your Purchases are for resale complete the following:

I certify that (NAME OF FIRM, (BUYER): _____

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____

Is engaged as a registered: _____ Wholesaler _____ Retailer _____ Manufacturer and is registered with the below listed states and cities with in which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients, or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing, (renting) the following:

City or State _____ State Registration No. _____

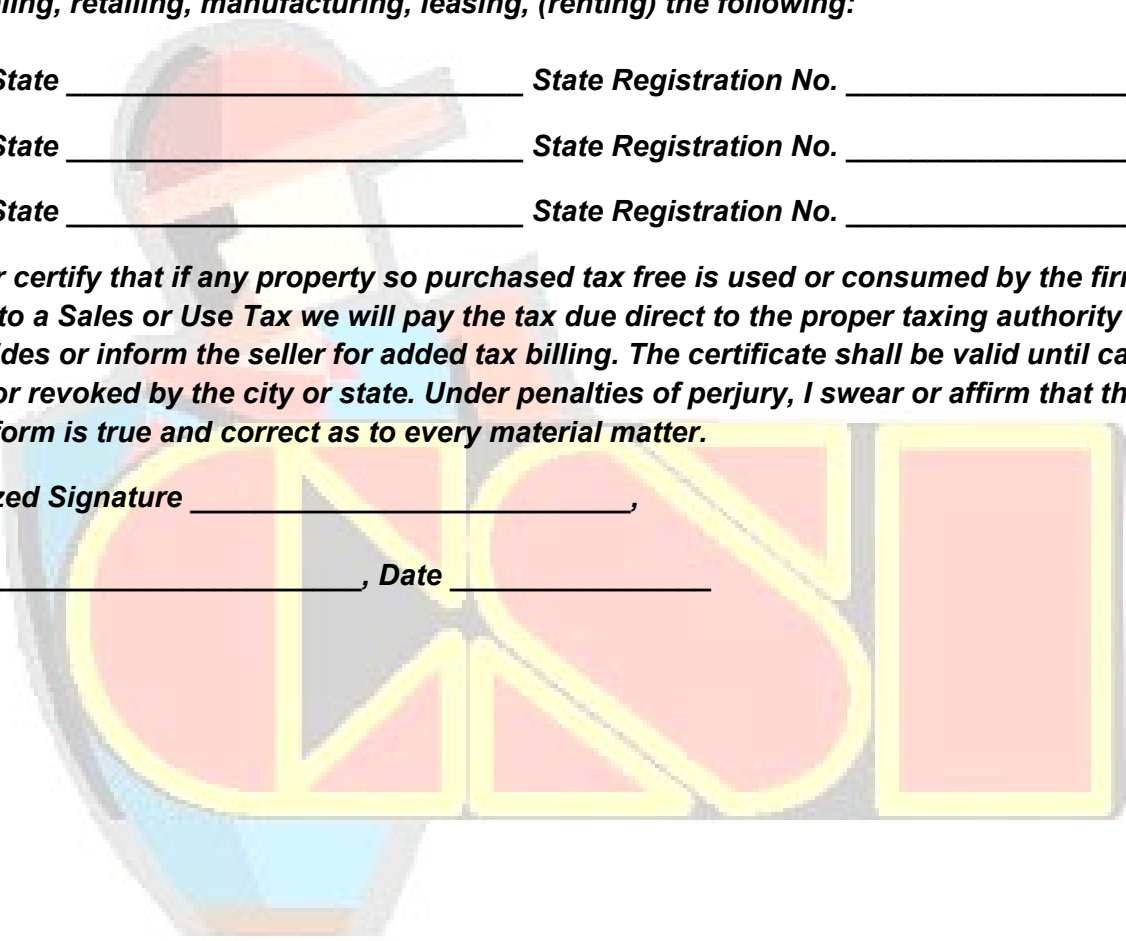
City or State _____ State Registration No. _____

City or State _____ State Registration No. _____

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. The certificate shall be valid until cancelled by, in writing or revoked by the city or state. Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature _____,

Title _____, Date _____



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I _____, Hereby give permission to release information regarding my account.
(Signature required above)

BANK REFERENCE:

DATE: _____

Bank: _____

RE: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Contact: _____

TO WHOM IT MAY CONCERN:

THE REFERENCE FIRM HAS GIVEN YOUR BANK AS A SOURCE OF ACCOUNT INFORMATION.

Please complete the following questionnaire and **fax or email** it back to us as soon as possible at: (307) 682-0356. We will maintain this information in strictest confidence.

Thank You,

Charlotte Means, AR: charlotte@gillettecsi.com

General Mailbox: csi@gillettecsi.com

Any NSF Checks: _____

How Long a Customer: _____

Outstanding Loan: _____

If so, Payment History: _____

General Comments: _____

Completed By: _____ Title: _____ Date: _____

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Please sign to release Trade Reference information.

I _____, HEREBY GIVE PERMISSION TO RELEASE INFORMATION REGARDING MY ACCOUNT TO ABOVE COMPANY NAME.

Please List other DBA's (If Applicable) you may be under with listed Trade References

