



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

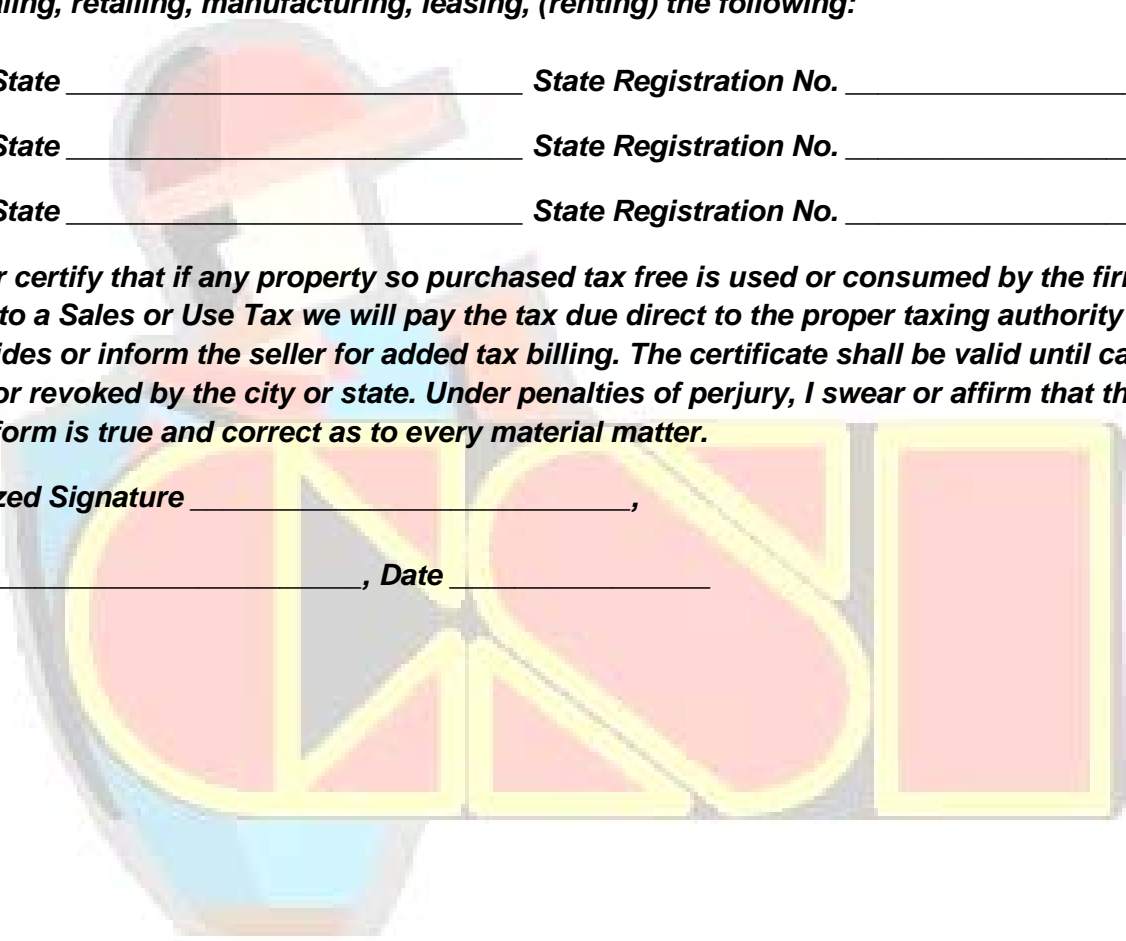
*City or State* \_\_\_\_\_ *State Registration No.* \_\_\_\_\_

*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,

Jessica Divis: Accounts Receivable [jessica@gillettecsi.com](mailto:jessica@gillettecsi.com)

General Mailbox: [csi@gillettecsi.com](mailto: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***



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