



## Credit Application & Agreement

All fields indicated with an “ \* “ are required.  
Please print legibly or contact us for an electronic form.

\*Store location for credit application:

- Main Office:** 1105 East Oregon, Kalispell, MT 59901 (406) 752-2644
  - Belgrade:** 91 Oregon St., Belgrade, MT 59714 (406) 388-2990
  - Helena:** 2500 Phoenix Ave, Helena, MT 59601 (406) 443-7663
  - Great Falls:** 1800 Vaughn Road, Great Falls, MT 59404 (406) 770-3977
- Payment Address: PO Box 7817, Kalispell, MT 59904

\*Company Name \_\_\_\_\_

\*Mailing Address \_\_\_\_\_

\*Street Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone \_\_\_\_\_ Fax \_\_\_\_\_

\*Cell Phone \_\_\_\_\_ \*Email \_\_\_\_\_

\*Federal Tax ID # \_\_\_\_\_

\*Credit limit desired: \$ \_\_\_\_\_ Purchase Order Required?  yes  no

Bank: \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Banker Contact \_\_\_\_\_

Who can charge to your account? \_\_\_\_\_

*When left blank, anyone can charge your account!*

### Trade Credit References

\*Company Name \_\_\_\_\_ \*Account # \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Billing Contact Name \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Credit Department or Accounts Receivable Email \_\_\_\_\_

\*Company Name \_\_\_\_\_ \*Account # \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Billing Contact Name \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Credit Department or Accounts Receivable Email \_\_\_\_\_

\*Company Name \_\_\_\_\_ \*Account # \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

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