



BILLINGS
1-800-835-1114

SPOKANE
1-800-541-4329

MISSOULA **KALISPELL** **GREAT FALLS** **HELENA**
1-888-593-5217 406-756-8033 1-800-835-1116 406-899-2671

APPLICATION FOR LINE OF CREDIT

<u>LEGAL NAME OF APPLICANT</u> _____		<u>APPLICATION DATE</u> _____
<u>BILLING ADDRESS</u> _____		<u>SHIPPING ADDRESS</u> _____
<u>CITY</u> _____ <u>ST</u> _____ <u>ZIP</u> _____	<u>CITY</u> _____ <u>ST</u> _____ <u>ZIP</u> _____	
<u>BUSINESS PHONE</u> _____	<u>DESIRED CREDIT LINE \$</u> _____	
<u>BUSINESS FAX</u> _____	<u>NUMBER OF YEARS ESTABLISHED</u> _____	
<u>BUSINESS E-MAIL</u> _____		
<u>(CHECK ONE)</u>	<u>(ENTER BELOW)</u>	<u>(ENTER BELOW)</u>
<u>TYPE OF BUSINESS</u>	<u>DRIVERS LICENSE OR FEDERAL EIN #</u>	<u>CREDIT CARD ACCOUNT #</u>
<input type="checkbox"/> <u>SOLE PROPRIETOR</u>	<input type="checkbox"/> <u>VISA</u>	
<input type="checkbox"/> <u>PARTNERSHIP</u>	<input type="checkbox"/> <u>MASTERCARD</u>	
<input type="checkbox"/> <u>CORPORATION</u>	<input type="checkbox"/> <u>DISCOVER</u>	
<input type="checkbox"/> <u>OTHER(specify)</u>	<input type="checkbox"/> <u>OTHER(specify)</u>	
<u>IF A CORPORATION LIST NAMES OF OFFICERS.</u>		
<u>PRESIDENT</u> _____	<u>VICE-PRESIDENT</u> _____	
<u>SECRETARY</u> _____	<u>TREASURER</u> _____	
<u>IF PARTNERSHIP PLEASE COMPLETE.</u>		
<u>PARTNER'S NAME</u> _____	<u>ADDRESS</u> _____	
<u>CITY</u> _____ <u>ST</u> _____ <u>ZIP</u> _____	<u>DRIVERS LICENSE NUMBER</u> _____	
<u>PHONE</u> _____	<u>SPOUSE NAME</u> _____	
<u>PARTNER'S NAME</u> _____	<u>ADDRESS</u> _____	
<u>CITY</u> _____ <u>ST</u> _____ <u>ZIP</u> _____	<u>DRIVERS LICENSE NUMBER</u> _____	
<u>PHONE</u> _____	<u>SPOUSE NAME</u> _____	
<u>IF INDIVIDUAL PLEASE PRINT NAME.</u>		
<u>DRIVERS LICENSE NUMBER</u> _____		

BANK REFERENCE

BANK NAME _____ **PHONE** _____ **FAX** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

ACCOUNT NUMBER _____ **HAVE YOU HAD LOANS WITH THIS BANK?** **YES** **NO**

IF YOU ANSWERED "YES", PLEASE GIVE YOUR CURRENT LOAN OFFICERS NAME. _____

IF YOU ANSWERED "NO", HAVE YOU HAD LOANS WITH ANY OTHER BANKS? **Yes** **No** **NAME** _____

ARE YOU TAX EXEMPT? **YES** **NO** **IF YES, CHECK APPROPRIATE BOX AND LIST TAX EXEMPT NUMBER.**

IDAHO **WASHINGTON** **WYOMING**

DO YOU REQUIRE A MONTHLY STATEMENT? **YES** **NO**

DO YOU REQUIRE THE USE OF PURCHASE ORDERS? **YES** **NO**

WHO IS YOUR ACCOUNTS PAYABLE CONTACT? _____ **PHONE** _____

BUSINESS REFERENCES

1. NAME _____ **PHONE** _____ **FAX** _____ **CITY** _____ **ST** _____

2. NAME _____ **PHONE** _____ **FAX** _____ **CITY** _____ **ST** _____

3. NAME _____ **PHONE** _____ **FAX** _____ **CITY** _____ **ST** _____

I/we authorize MaCon Supply, Inc. to investigate our credit history, bank references and any other information deemed necessary to extend credit. I/we agree to immediately notify MaCon Supply, Inc. of any changes in ownership, address, phone number, or form of business. This agreement shall remain in force until written notice of revocation is received by MaCon Supply, Inc.. This agreement covers any purchases which the customer makes from MaCon Supply, Inc. which the customer does not pay cash for immediately. Customer will be agreeing to the provisions contained in this agreement each time the customer uses the account or authorizes use thereof. **Accounts are due and payable 1% 10th, net 30 days, and all charges are due in full with no option to pay in installments. Late charges will be assessed on past due accounts at 1 1/2% per month (18% per annum).** In the event the customer fails to pay in accordance with this agreement and collection is made by suit or otherwise, the customer agrees to pay all collection costs, including a reasonable attorney's fee with or without suit.

I/we have read and agree to all the terms and conditions of this agreement set forth in this application.

PRINT NAME OF APPLICANT #1. _____ **SIGNATURE** _____

PRINT NAME OF APPLICANT #2. _____ **SIGNATURE** _____

PERSONAL GUARANTEE

The undersigned hereby guarantees any indebtedness incurred on the aforesaid account (including interest and attorney fees) and waives presentment and demand for payment, notice of non-payment, protest and notice of protest, and consents without notice of any extensions of time or increase in the amount of credit given. The undersigned hereby waives all right to a jury trial and to file a counter-claim and consents to jurisdiction and venue with the Yellowstone County Circuit Court of Montana. This is intended to be a continuing guarantee and shall continue as to all new indebtedness incurred unless and until written notice is served upon MaCon Supply, Inc. by certified mail-return receipt requested; declaring said personal guarantee shall not apply to future purchases. Future updates to this application by completion of a new credit application shall not discontinue this guarantee. A facsimile copy of this agreement shall be as binding as an original.

SIGNED _____ **PRINT NAME** _____ **TITLE** _____ **DATE** _____

SIGNED _____ **PRINT NAME** _____ **TITLE** _____ **DATE** _____

RETURN BY MAIL OR FAX TO:

BILLINGS, MISSOULA 406-252-1139 or P.O. BOX 2528 BILLINGS MT 59103

GREAT FALLS, KALISPELL, HELENA 406-727-9531 or 4120 N. STAR BLVD GREAT FALLS MT 59405

SPOKANE 509-535-5663 or 4000 E. BOONE SPOKANE WA 99202

(PLEASE CIRCLE THE BRANCH LOCATION ABOVE WHERE YOU WOULD LIKE TO OPEN AN ACCOUNT)