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## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS INFORMATION FOR BILLING

|                      |              |              |           |
|----------------------|--------------|--------------|-----------|
| Title:               |              | Federal ID:  |           |
| Company Name:        |              | Resale #     |           |
| Phone:               | Fax:         | E-mail:      |           |
| Billing Address:     |              |              |           |
| City:                |              | State:       | ZIP Code: |
| Alternative Contact: |              |              |           |
| Sole proprietorship: | Partnership: | Corporation: | Other:    |

### BUSINESS AND CREDIT INFORMATION

|                           |                 |          |           |
|---------------------------|-----------------|----------|-----------|
| Primary business address: |                 |          |           |
| City:                     |                 | State:   | ZIP Code: |
| Telephone:                | Fax:            | Website: |           |
| Bank name:                |                 | Contact: |           |
| Phone:                    |                 | Fax :    |           |
| Type of acct.             | Account Number: |          |           |

### BUSINESS/TRADE REFERENCES

|               |      |         |           |
|---------------|------|---------|-----------|
| Company name: |      |         |           |
| Address:      |      |         |           |
| City:         |      | State:  | ZIP Code: |
| Phone:        | Fax: | E-mail: |           |
|               |      |         |           |
| Company name: |      |         |           |
| Address:      |      |         |           |
| City:         |      | State:  | ZIP Code: |
| Phone:        | Fax: | E-mail: |           |
|               |      |         |           |
| Company name: |      |         |           |
| Address:      |      |         |           |
| City:         |      | State:  | ZIP Code: |
| Phone:        | Fax: | E-mail: |           |

### TERMS REQUESTED

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### SIGNATURES

|                 |                 |
|-----------------|-----------------|
| Title:<br>Date: | Title:<br>Date: |
|-----------------|-----------------|