



For quicker processing, fax completed application to (720) 570-1444 & mail original to address below.

SKYLINE ENTERPRISES, INC.

CREDIT APPLICATION AND AGREEMENT

NOTE: In addition to the following, please attach a copy of your latest financial statement and resale certificates.

NAME OF BUSINESS, DATE, BILLING & CORRESPONDANCE ADDRESS, SHIP TO ADDRESS, CITY, COUNTY, STATE, ZIP

TYPE OF BUSINESS: PROPRIETORSHIP, PARTNERSHIP, CORPORATION, SUBSIDIARY/DIVISION OF, OTHER

TELEPHONE #, DATE BUSINESS BEGAN, NAME(S) OF OWNER(S) AND OFFICER(S), FAX #, MOBILE # / PAGER #, INVOICES WILL BE FAXED UNLESS YOU PREFER e-MAIL OR THE US POSTAL SERVICE

If applicable, State Resale Certificate No., City/Town Resale Certificate No., Federal Tax No. (FEIN)

Expected monthly credit requirements of about \$, Type of Business

PRINCIPAL SUPPLY & BANK REFERENECES

FIRM NAME (1), TELEPHONE #, STREET ADDRESS, CITY, STATE, ZIP, FAX #, FIRM NAME (2), FIRM NAME (3), FIRM NAME (4), BANK, ACCOUNT #, NAME OF OFFICER, STREET ADDRESS, CITY, STATE, ZIP, TELEPHONE #, FAX #, REMARKS

Applicant hereby agrees to pay late payment charges of 2% per month or as allowed by law on all overdue accounts. All charges are payable according to the terms of our invoices unless otherwise pre-arranged with the credit department.

Should materials or goods be delivered, I/we accept all responsibility for shipments by Skyline Enterprises, Inc. to job sites, my/our place of business, or any other location designated by me/us; whether or not someone is present to receive and sign for such materials or goods.

I hereby certify the foregoing to be true to the best of my knowledge and agree to above terms.

Line 1. Dated 20 (Signature of Applicant) (Title)

For valuable consideration given or to be given, the undersigned hereby guarantees to pay all indebtedness or liability incurred in the name of the applicant firm without qualification or limitation.

Line 2. Dated 20 (Signature of Guarantor)

The applicant hereby authorizes their bank to release information regarding their account to SKYLINE ENTERPRISES, INC. This information will be held in the strictest of confidence and be used solely to establish and maintain an open line of credit with SKYLINE ENTERPRISES, INC.

BANK NAME ACCOUNT # CONTACT PERSON

DATED SIGNATURE TITLE

SKYLINE ENTERPRISES, INC.

4980 Oak Street, Wheat Ridge, CO 80033 Telephone (303) 744-3233 Fax (720) 570-1444

OFFICE USE: Approved by: on / / Lmt: Terms: Cust ID: SR: