**Phosul, LLC**

453 Business Loop

 Sugar City, ID 83448

Business Credit Application

BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Responsible Party: |  |  |  |
| Company name: |  |  |  |
| Phone: | Fax: | Email: |  |
| Billing Address: |  |  |  |
| City: | State: | Zip: |  |
| Shipping address: |  |  |  |
| City: | State: | Zip: |  |
| Contact person: |  | Email: | Phone: |
| Credit limit requested: |  | Require PO#: | Fed EIN: |
| State tax exemption number: |  | Certificate attached: | Year business began: |
| Sole proprietor: | Partnership: | Corporation: | Other: |

BUSINESS AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Primary business address: |  |  |  |
| City: | State: | Zip: |  |
| How long at current address: |  |  |  |
| Phone: | Fax: | Email: |  |
| Bank name: |  | Phone: |  |
| Bank address: |  |  |  |
| City: | State: | Zip: |  |
| Bank contact person: |  | Email: | Phone: |
| Type of account: | savings/checking/other | Account #: |  |
| State tax exemption number: |  | Certificate attached: | Year business began: |
| Sole proprietor: | Partnership: | Corporation: | Other: |

BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  |  |  |
| Company address: |  |  |  |
| City: | State: | Zip: |  |
| Phone: | Fax: | Email: |  |
| Type of account: |  |  |  |
| Company Name: |  |  |  |
| Company address: |  |  |  |
| City: | State: | Zip: |  |
| Phone: | Fax: | Email: |  |
| Type of account: |  |  |  |
| Company Name: |  |  |  |
| Company address: |  |  |  |
| City: | State: | Zip: |  |
| Phone: | Fax: | Email: |  |
| Type of account: |  |  |  |

1. All invoices are to be paid within 30 days of the invoice date.
2. Claims arising from invoicing must be made within 7 working days.
3. By submitting this application, you authorize Phosul LLC to make inquiries into the banking and business/trade references that you have supplied.
4. Sales tax will be charged unless exemption certificate accompanies this credit application.
5. Guarantors jointly and severally warrant and agree to pay to Phosul LLC such sums that may be due or incurred hereinafter, in the event that the business fails to pay its obligations to Phosul LLC according to terms, for any reason whatsoever.

SIGNATURES

|  |  |
| --- | --- |
|  |  |
| Title: | Title: |
| Date: | Date: |

Sign / scan and email application to pat@phosul.com, and then Mail signed original form to address at top of page.