



6619 S. SUPPLY WAY BOISE, ID 83716
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CREDIT APPLICATION

CONTACT INFORMATION

LAST:		FIRST:		TITLE:	
COMPANY NAME:				TAX ID #:	
ADDRESS:				FAX #:	
CITY:		STATE:	ZIP:	PHONE:	
A.P. CONTACT:					
A.P. PHONE #:					
PREFERENCE TO RECEIVE INVOICES/STATEMENTS:					
<input type="checkbox"/> EMAIL:		<input type="checkbox"/> MAIL		<input type="checkbox"/> FAX	
ARE PURCHASE ORDERS OR JOB NAMES REQUIRED?					
<input type="checkbox"/> P.O.		<input type="checkbox"/> JOB NAME		<input type="checkbox"/> NO, NEITHER	

FOR OFFICE USE ONLY	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
BY:	
DATE:	
\$ LIMIT:	

COMPANY INFORMATION

TYPE OF BUSINESS:				IN BUSINESS SINCE:	
UNDER WHICH BUSINESS OPERATES: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP					
IF DIVISION/SUBSIDIARY, NAME OF PARENT COMPANY:				IN BUSINESS SINCE:	
RESPONSIBLE FOR BUSINESS TRANSACTIONS:				TITLE:	
ADDRESS:		CITY:	STATE:	ZIP:	PHONE:

BANK REFERENCE

INSTITUTION NAME:		ADDRESS:		BANK OFFICER:	
ACCOUNT #:		PHONE:		FAX:	

TRADE REFERENCES

COMPANY NAME:		COMPANY NAME:		COMPANY NAME:	
FAX/EMAIL:		FAX/EMAIL:		FAX/EMAIL:	
PHONE:		PHONE:		PHONE:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Payment is required within 30 days of invoice date. A service charge will be added to past due invoices over 30 days. Outstanding balances over 60 days will be subject to product lien.

SIGNATURE

DATE