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FINANCE DEPT. USE ONLY.
CUSTOMER NO. ASSIGNED
DATE APPROVED
IF REJECTED - REASONS

Application for Account/Financing

GENERAL INFORMATION: Please print or type

Applicant Name _____ Trade Name (if different) _____

Physical Address _____
Street Address City State/Province Postal Code Country

Billing Address _____
Mailing Address City State/Province Postal Code Country

Business # (____) _____ Mobile/Pager (____) _____ Fax # (____) _____

Contact Name _____ Title _____ E-mail _____

Description of Business _____ Business Start Date _____ Time as Current Owner _____

Type of business: Sole Proprietorship Corporation General Proprietorship L.L.C. Other _____

Has the business or any principal ever declared bankruptcy? Yes No Are there any outstanding liens or judgments? Yes No
 If yes, date files _____ #of Employees _____

Federal ID Number _____ Sales Tax Exempt? Yes No Purchase Orders Required Yes No

Insurance Company _____ Contact Name _____ Phone # _____

FINANCIAL INFORMATION: Additional financial information may be requested and is required for exposure over \$250,000

BANK/FINANCE CO. REFERENCE:

	Name	Acct #	Contact/Phone #
(1)	_____	_____	_____
(2)	_____	_____	_____

TRADE REFERENCES:

(1)	Contact _____	Address (include city, state & zip) _____
	Fax # _____	Telephone # _____ Account # _____
	Contact _____	Address (include city, state & zip) _____
(2)	Contact _____	Address (include city, state & zip) _____
	Fax # _____	Telephone # _____ Account # _____
	Contact _____	Address (include city, state & zip) _____
(3)	Contact _____	Address (include city, state & zip) _____
	Fax # _____	Telephone # _____ Account # _____

PERSONAL INFORMATION ON OWNER/PRINCIPALS/GUARANTORS: necessary, only if personal guarantor is required for this account

Name / Title _____ Birth date _____ SS # _____

Home Address & Phone No. _____ % Ownership _____

Net Worth \$ _____ Annual Income \$ _____ Monthly Housing Payment \$ _____

SIGNATURE OF OWNER/PRINCIPAL OR AUTHORIZED OFFICER/PARTNER:

NOTICE: Applicant and each other person signing below warrants the information provided herein or in connection with this application is true and correct and authorizes the release of such information to any party who may provide credit applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release, any credit/financial information concerning applicant or other such person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with others.

BY: _____ TITLE: _____ DATE: _____

BY: _____ TITLE: _____ DATE: _____

NOTICE: If your application for business credit is denied, you have the right to a written statement of specific reasons for denial. To obtain the statement please contact Dura-Tuff's Accounting Department at 801-973-8900 within 60 days from the date you are notified of our decision. We will send you a written statement of the reason for the denial within 30 days from receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this Lender is the FTC Regional Office for the region in which the lender operates or the Federal Trade Commission Equal Credit Opportunity, Washington D.C.