

ComfortChannel.com Credit Application

WE HEREBY APPLY FOR THE EXTENSION OF CREDIT BY COMFORTCHANNEL.COM. THE FOLLOWING INFORMATION IS SUBMITTED AS A BASIS FOR YOUR CONSIDERATION OF OUR APPLICATION. Please fax to 406-388-3630

Company Information

Name of Business:		Tax I.D. Number	
Address:			
City:	State:	ZIP:	Phone:
Type of Business:			
ESTIMATED ANNUAL SALES:		DATE BUSINESS STARTED:	
OWN OR RENT BUILDING - IF RENT - FROM WHOM:			
FINANCIAL STATEMENT ATTACHED:		NO: IF NO, WILL FORWARD ON:	
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>	
Proprietorship <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Full Name of Owner (or Authorized Corporate Officer) for Business Transactions:			
Social Security Number:			
Address:	City:	State:	ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:			
Address:	City:	State:	ZIP: Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Account #:	Account #:	Account #:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account #:	Account #:	Account #:
Account Opened Since:	Account Opened Since:	Account Opened Since:

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.

Signature

Date