

BUSINESS **OR** **INDIVIDUAL** **CREDIT APPLICATION** (check one)

Blue Sky Building Supply
295 W. Frontage Road
Lewistown MT 59457
Fax 406/ 538-2050 Phone 406/ 538-2000
sales@blueskybuildingsupply.com



Buy local ... Build local

Business or Individual Name: _____ Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of business: _____ Year business opened: _____

Phone: _____ Fax: _____ Email: _____

Paperless Billing: Check this box if you would like to receive your invoices and statements via email.

Tax ID# or SS# : _____ Principals if Business Application: _____

Employer if Individual Application: _____

Bank Reference

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date account opened: _____

Trade References for either Business or Individual Application

NOTE: A cash account may be generated with NO trade references if a credit card is saved on file.

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

The undersigned agrees to a 1.5% monthly finance charge assessment (18% annual) if payment is not received within the 30-day terms of the statement. The undersigned further agrees that should a credit account be opened, and in the event of default in the payment of any amount due including interest & penalties, and if such account is submitted to a collection authority, to pay to Blue Sky Building Supply an additional charge equal to the cost of collection including attorney fees and court costs.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor (Blue Sky Building Supply), from time to time as may be needed, in the credit evaluation process.

Company: _____ Date: _____

Signature: _____ Title: _____

Please print your name: _____