



CREDIT APPLICATION

Please return completed form to credit@conexwest.com

CUSTOMER INFORMATION		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
President/CEO:		
Principal Owner Name (if not Pres/CEO):		
Principal Owner Home Address:		
A/P Contact Name:	A/P Email:	
Applicant: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship		
Federal Tax ID # or Social Security # if a proprietorship:		
State of Incorporation:		

BANK REFERENCE		
Bank:		
Address:		
City:	State:	Zip:
Phone:	Contact Name:	Account #:

CREDIT REFERENCES		
Company:		
Address:		
City:	State:	Zip:
Phone:	Email:	Contact Name:

Company:		
Address:		
City:	State:	Zip:
Phone:	Email:	Contact Name:

Company:		
Address:		
City:	State:	Zip:
Phone:	Email:	Contact Name:

CREDIT TERMS AND CONDITIONS
Applicant warrants that the above information is true and accurate. I/we hereby authorize Conexwest. to contact the references to investigate Applicant's credit and financial responsibility. I certify that on behalf of Applicant, I am familiar with the terms shown on "https://www.conexwest.com/terms" page and that failure to abide by the terms and conditions shown may result in interest and/or late fees being assessed to Applicant's account.

Authorized Signature: X	Print Name:	Date:
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