

Mailing: P.O. Box 9056 Mesa, AZ 85214-9056 Shipping: 7931 E. Pecos Rd.

Pecos Rd. Bldg. 6, #196 Mesa, AZ 85212 Ph: 480.214.0576 Fax: 480.214.0580

Toll Free: (800) 359-9066

www.btewest.com in

info@btewest.com

**Nevada:** 731 12<sup>th</sup> St. Carlin, NV 89822 Ph: 775.754.2631 Fax: 775.754.2629

## **CREDIT APPLICATION**

Date:		Requested Credit Line: \$		
Business Name:				
Billing Address:				
City:	State:	Country:	Zip:	
Shipping Address:				
City:	State:	Country:	Zip:	
Phone:	Fax:			
A/P Contact:		_ E-Mail:		
A/R Contact:		_ E-Mail:		
Federal Tax I.D. #:		Tax Exempt Permi	t:	
Has the firm or any of its Prin	cipals ever been banl	krupt (circle)?	Yes No	
If Yes, Explain:				
Form of Business (circle one)	): Individual Parti	nership Corporation	on Other:	
Name		Title	SS#	
Principal:		<b>T</b> :::		
Name		Title	SS#	
Principal:		T'0 -	00 "	
Name		Title	SS#	

Refere	ences:			
Bank Name:		Address:		
Acct. #	<i>‡</i> :	Phone #:	Contact:	
Bank	Name:	Address:		
Acct. #	<i>‡</i> :	Phone #:	Contact:	
*(Plea faster		bers and/or e-mail address	for Vendors as this will mak	e the application process
Vendo	or Name:		Contact:	
		Fax #:		
Vendo	or Name:		Contact:	
		Fax #:		
Vendo	or Name:		Contact:	
		Fax #:		
Vendo	or Name:		Contact:	
		Fax #:		
1.	By affixing their sig pay their account in TERMS AND CON otherwise stipulated No return goods will for credit must show items. No returns a BTE West International attorney fees.  The signature below	DITIONS: All accounts are dud in written agreement. A 1.5% ill be accepted without authorized in invoice and authorization nullowed after 6 months. In the conal, L.L.C. shall be entitled to we authorizes references above	ed (or if a corporation, the corporation as follows:  e and payable <i>Net 30 days</i> from the corporation and freight charges must be applied to any station and freight charges must	balance due after 30 days. st be prepaid. Goods returned may be applied on all returned arising out of this agreement, penses incurred including
	International, L.L.C			
Signat	ure	Title	<del></del>	Date



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Fax: (775) 754-2629

## INVOICE/STATEMENT DELIVERY

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BTE West would like to e-mail invoices/statements, if possible. Please fill out the information below indicating how you would prefer to receive them.

Please complete the information below and fax return via fax at (480) 214-0580.

Company Name: \_\_\_\_\_ Accounts Payable Contact Name: \_\_\_\_\_\_ Accounts Payable Phone #: \_\_\_\_\_ Accounts Payable Fax #: \_\_\_\_\_\_ Accounts Payable Contact E-Mail: \_\_\_\_\_ <u>Preferred Method of Receiving Invoices/Statements:</u> Invoices: E-Mail (provide e-mail address): Fax (provide fax number): Mail to Address on File (check if applicable): \_\_\_\_\_ Statements: E-Mail (provide e-mail address): Fax (provide fax number): Mail to Address on File (check if applicable): \_\_\_\_\_ Thank you for your assistance. Please feel free to contact me with any questions or comments.

Melissa Trezza Office Manager BTE West International, L.L.C.

Best Regards,