

Submitted by salesman#



Account #

601 E. Gowen Road • Boise, ID 83716 • (208)376-8400 FAX (208)376-7409

CREDIT APPLICATION

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE# () - _____ FAX # () - _____

EMAIL ADDRESS _____

WEB SITE _____

Indicate whether Corporation Partnership Proprietorship State of Incorporation _____

PRESIDENT/ OWNER _____

HOME ADDRESS _____

HOME PHONE () - _____ SOCIAL SECURITY # _____ - -

V. P., SECRETARY, TREASURER OR PARTNER: _____

HOME ADDRESS _____

HOME PHONE () - _____ SOCIAL SECURITY # _____ - -

Month and Year this business was started: MONTH _____ YEAR _____

How long have you/ Partners/ Corporate Officers owned this business? SINCE _____

PLEASE LIST COMPLETE NAMES, ADDRESSES, AND LOAN OFFICERS OF BANKS YOU DO BUSINESS:

PLEASE FURNISH COMPLETE NAMES, ADDRESSES, AND PHONE NUMBERS OF AT LEAST FOUR BUSINESSES WITH WHOM YOU DO BUSINESS ON CREDIT:

NAME	ADDRESS	PHONE NO.
_____	_____	() - _____
_____	_____	() - _____
_____	_____	() - _____
_____	_____	() - _____

I (we) hereby certify the statements in this application for open account credit are true and complete. I (we) agree to pay all bills when same become due or payable pursuant to the terms of sale. I (we) further agree to pay all carrying charges not to exceed 1 1/2% per month, on past due balance, if applicable, and all collection costs plus reasonable attorney's fees in the event action is commenced against the firm for non-payment. Further, I (we) personally guarantee and will be individually responsible for all debts incurred by the firm requesting credit herein and its representatives. I (we) grant security interest all inventory proceeds from inventory sold to us by Western Power Sports Inc., and its divisions.

DATE _____ COMPANY NAME _____

Type or Print Name _____ Signed _____

Type or Print Name _____ Signed _____

MUST BE SIGNED BY OWNER OF OFFICER AND ORIGINAL RETURNED TO OUR OFFICE REVISED 12/ 27/ 2011