



Credit Application

3730 N. Montana Ave., Helena, MT 59602

Date: _____

Phone: 406-442-5153 Fax: 406-442-5154

BILL TO:		SHIP TO:	
NAME:		NAME:	
ADDRESS 1:		ADDRESS 1:	
ADDRESS 2:		ADDRESS 2:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
Telephone #:	FAX #	Telephone #:	FAX #
() _____	() _____	() _____	() _____

TYPE OF BUSINESS:

Corporation: _____	Retail: _____	Owner: _____
Partnership: _____	Wholesale: _____	Purchasing Agent: _____
Sole Proprietor: _____	Resale #: _____	Date Business Established: _____

CREDIT REFERENCES:

Bank Name:		Credit Reference #1	
NAME:		NAME:	
ADDRESS 1:		ADDRESS 1:	
ADDRESS 2:		ADDRESS 2:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
Telephone #:	FAX #	Telephone #:	FAX #
() _____	() _____	() _____	() _____
Credit Reference #2		Credit Reference #3	
NAME:		NAME:	
ADDRESS 1:		ADDRESS 1:	
ADDRESS 2:		ADDRESS 2:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
Telephone #:	FAX #	Telephone #:	FAX #
() _____	() _____	() _____	() _____