



AMARGOSA PINE GROWERS
Credit Department, 4065 E. Post Rd., Las Vegas, NV 89120
Confidential Credit Application

Business Name: _____ Years in Business _____

Physical Address: _____

Billing Address: _____

Telephone: _____ Fax: _____ Contractor Lic # _____

Email: _____

Prior Business Name (less than 2 years) _____

Is Your Purchase Taxable?: _____ If No, Resale Number _____

Sales Tax Will Be Charged Unless We Have A Properly Completed Resale Card
Please complete the appropriate sections below (A,B,C)

A. Proprietor: _____

Name	Street Address	City	State	Zip
-------------	-----------------------	-------------	--------------	------------

Social Security # or Federal Tax ID # _____ Telephone # _____

B. Partnership: _____

Partners Name	Street Address	City/State/Zip	Social Security #
----------------------	-----------------------	-----------------------	--------------------------

Partners Name	Street Address	City/State/Zip	Social Security #
----------------------	-----------------------	-----------------------	--------------------------

Partners Name	Street Address	City/State/Zip	Social Security #
----------------------	-----------------------	-----------------------	--------------------------

Partners Name	Street Address	City/State/Zip	Social Security #
----------------------	-----------------------	-----------------------	--------------------------

C. Corporation: Date Incorporated & State: _____ Fed ID # _____

President: _____

Name	Street Address	City/State/Zip	Social Security #
-------------	-----------------------	-----------------------	--------------------------

Treasurer: _____

Name	Street Address	City/State/Zip	Social Security #
-------------	-----------------------	-----------------------	--------------------------

Secretary: _____

Name	Street Address	City/State/Zip	Social Security #
-------------	-----------------------	-----------------------	--------------------------

Vice Pres: _____

Name	Street Address	City/State/Zip	Social Security #
-------------	-----------------------	-----------------------	--------------------------

Bank Information:

Name of Your Bank: _____

Checking Acct # _____

Street Address

City/State/Zip

Phone Number

Bank Officer



AMARGOSA PINE GROWERS
Credit Department, 4065 E. Post Rd., Las Vegas, NV 89120
Confidential Credit Application
(Page 2 of 2)

Business Name: _____

List of Credit References

1. _____
VENDOR NAME STREET ADDRESS CITY/ST/ZIP PHONE
2. _____
VENDOR NAME STREET ADDRESS CITY/ST/ZIP PHONE
3. _____
VENDOR NAME STREET ADDRESS CITY/ST/ZIP PHONE
4. _____
VENDOR NAME STREET ADDRESS CITY/ST/ZIP PHONE

CONTINUING GUARANTEE

For valuable consideration given, or to be given. The undersigned hereby personally guarantees to pay all indebtedness or liability incurred in the name of the applicant firm without qualification or limitation. This guarantee shall inure to the benefit of and bind heirs, administrators, executors, successors, and assigns of the parties hereto. The undersigned waves notice of default, diligence, resort of security, joinder of debtor, or obligation to proceed first against debtor. Guarantor hereby authorizes Amargosa Pine Growers to obtain consumer credit reports during the life of this agreement.

SIGNATURE OF APPLICANT
Position:

DATE