



Credit@brumate.com
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Denver, CO 80205

CPCO@CLIFFPRICE.COM

FAX: 214-742-4438
PHONE: 800-560-4438

CREDIT APPLICATION

Please attach a copy of your resale license

Company Legal Name: _____ Federal Tax ID #: _____
DBA: _____ State Tax ID #: _____

Must Tie to Credit Card for Credit Card Payers

Bill To: _____ Ship To: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Telephone: _____ Telephone: _____
Email: _____ Email: _____

Type of Ownership: Corporation Partnership Individual

Date Business Started _____

Principal Owners: _____ Title: _____ Phone: _____ % Owned: _____

Principal Owners: _____ Title: _____ Phone: _____ % Owned: _____

Principal Owners: _____ Title: _____ Phone: _____ % Owned: _____

Banks: _____ Contact: _____ Phone No. _____

Accountant/Bookkeeper: _____ Email: _____ Phone: _____

Buyer: _____ Email: _____ Phone: _____

Type of Business: Gift Outdoor Dept Store Area Shop Other _____

Business References (List Two Major Suppliers)

Name _____ Phone No. _____ Fax No. _____

Account No: _____ Email: _____

Name _____ Phone No. _____ Fax No. _____

Account No: _____ Email: _____

Preferred Payment Method: ACH Payment Link

TERMS: NET 30 DAYS FROM DATE OF INVOICE

NOTE: Credit terms are set by the Credit Department and are subject to yearly review.

I (we) hereby agree to the following:

1. That a Representative of Brumate, Inc. may contact any persons named above for the verification of facts and payments of funds.
2. That the above information is correct and that I (we) will notify you immediately of any changes.
3. That I (we) will pay a LATE CHARGE of 3% (annual rate of 36%) on the unpaid balance of my (our) account on the first of each month if payment has not been made in accordance with the terms of the invoice. Late charges will be applied by Brumate, Inc. on a discretionary basis.
4. That all invoices will be paid within the terms indicated to prevent termination of credit.
5. That I (we) will pay any attorney fees or court costs required to collect an unpaid overdue balance.

The representation made herein are correct of the best of my knowledge and I (we) understand this application may be rejected or revoked by Brumate, Inc. at any time if the actual facts are found to differ from those stated above.

Print Name: _____

Date: _____

Signature: _____

Title: _____

If Corporation, must be signed by an officer