

Idaho Technology Credit Application Form

Please fill out this application completely and return it to our accounts manager

Please Submit Application to:

Email: newaccounts@idahotech.com

Fax: (801) 588-0507

Phone: (801) 736-6354

Part I

General Business Information <i>(Complete all fields.)</i>				Parent/Affiliated Companies (if applicable)			
Legal Business Name				Business Name:			
Business Name:				Business Name:			
Street Address:				Street Address:			
City:	State:	Zip:	Country:	City:	State:	Zip:	Country:
Phone #:	()	-		Phone #:	()	-	
Fax #:	()	-		Fax #:	()	-	
Web Address:				Web Address:			
Federal Tax ID #: _____		Dun & Bradstreet ID #: _____		DBA, if any: _____		VAT#, if any: _____	
<i>(Note: If applicable, copy of reseller or tax exemption certificate required.)</i>							
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Govt. Agency <input type="checkbox"/> Other _____							
<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public Univ/Coll <input type="checkbox"/> Private Univ/Coll							
Years in Business: _____ Year of Inc.: _____ State of Inc.: _____							
Are Purchase Orders Used? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of person responsible for purchasing: _____				Telephone: _____		Email: _____	
Name of person responsible for accounts payable: _____				Telephone: _____		Email: _____	

Name of Owners, Partners, or Officers and Titles if Incorporated

(Complete all fields and provide at least one owner, partner or officer.)

Name: _____	Name: _____
Title: _____	Title: _____
Phone #: () -	Phone #: () -
Email: _____	Email: _____

Part II

Trade Reference Information *(Complete all fields and provide at least three references.)*

Name: _____	Name: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
City: State: Zip: Country:	City: State: Zip: Country:
Phone #: () -	Phone #: () -
Fax #: () -	Fax #: () -
Email: _____	Email: _____
Account #: _____	Account #: _____
Name: _____	Name: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
City: State: Zip: Country:	City: State: Zip: Country:
Phone #: () -	Phone #: () -
Fax #: () -	Fax #: () -
Email: _____	Email: _____
Account #: _____	Account #: _____

Part III

Bank Reference Information (Complete all fields and provide at least one reference.)

Bank Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone #: () - _____

Fax #: () - _____

Email: _____

Checking Acct #: _____

Savings Acct #: _____

Loan Officer: _____

Loan #: _____

Bank Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone #: () - _____

Fax #: () - _____

Email: _____

Checking Acct #: _____

Savings Acct #: _____

Loan Officer: _____

Loan #: _____

This application is submitted for the purpose of obtaining credit with Idaho Technology Inc., Incorporated and is warranted to be true. By signing this application the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. Additionally, the undersigned will be responsible for all collection costs and attorney fees, with or without lawsuit, in order to collect any delinquent moneys. The undersigned hereby authorizes Idaho Technology Inc., Incorporated to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the bank(s) of record to release information regarding accounts.

Signature of Authorized Owner, Partner or Corporate Officer Required.

Upon credit approval, the undersigned agrees to Idaho Technology, Inc. terms and conditions at <http://www.idahotech.com>

Signature of Owner, Partner or Corporate Officer

Date

Printed Name of Signer

Title

For internal use only:

Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Reason:
Credit Limit	Terms:	
Entered by:	Authorized by:	
Date:	Date:	
Notes:		



Idaho Technology Blanket Sales Tax Exemption Certificate

Please fill out this application completely and return it to our accounts manager
(MULTI-JURISDICTION)

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Issued to: Idaho Technology Inc.
390 Wakara Way
Salt Lake City, Utah 84108

* Name of Firm (Buyer): _____

* Street Address or P.O. Box Number: _____

* City: _____ * State: _____ * Zip: _____

* Buyer is Engaged as a Registered: Wholesaler Retailer Lessor Manufacturer
 Other: _____

and is registered with the below listed state(s) where your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

<u>State</u>	<u>Registration #</u>	<u>State</u>	<u>Registration #</u>	<u>State</u>	<u>Registration #</u>
AL	_____	LA	_____	OH	_____
AK	_____	ME	_____	OK	_____
AR	_____	MD	_____	OR	_____
AZ	_____	MA	_____	PA	_____
CA	_____	MI	_____	RI	_____
CO	_____	MN	_____	SC	_____
CT	_____	MS	_____	SD	_____
DE	_____	MO	_____	TN	_____
FL	_____	MT	_____	TX	_____
GA	_____	NE	_____	UT	_____
HI	_____	NV	_____	VT	_____
ID	_____	NH	_____	VA	_____
IL	_____	NJ	_____	WA	_____
IN	_____	NM	_____	WV	_____
IA	_____	NY	_____	WI	_____
KS	_____	NC	_____	WY	_____
KY	_____	ND	_____		

(*) We will need a copy of each State Certificate attached with this application.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order, which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the state.

General Description of Products to be Purchased from Seller:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

*Authorized Signature: _____

*Title: _____ *Date: _____



Idaho Technology
Authorization to Release Credit Information

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In consideration of an open account arrangement with Idaho Technology Inc., I hereby authorize you to release information to Idaho Technology Inc. regarding credit history, checking and savings accounts, and/or loan experience. Thank you for your cooperation.

Legal Name of Company _____

DBA, if any _____

Authorized Signature _____

Title _____

Date _____