

CREDIT APPLICATION & AGREEMENT

CORPORATE HEADQUARTERS
3880 E. Broadway Rd. Phoenix, AZ 85040
(602) 344-2100 FAX: (602) 437-2242

Date _____

Sales/Branch _____

COMPANY INFORMATION

Legal Name of Company: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Federal Tax I.D. No.: _____ How Long In Business Under This Name: _____

Contractor License No.: _____ State Tax No.: _____

Attach your AZ 5000 Form Yes NoDo you require a purchase order? Yes NoDo you require a job name? Yes NoDo you require a job number? Yes No

CONTACT INFORMATION

Accounts Payable Contact: _____

Phone: _____ Fax: _____ E-mail: _____

Would you like to receive your invoices via email? Yes NoWould you like to receive a monthly statement? Yes No

Sales Contact: _____

Phone: _____ Fax: _____ E-mail: _____

 Individual Partnership Corporation

PARTNERSHIP OR PROPRIETORSHIP:

Name _____ Soc. Sec. No. _____

Home Address _____ City, State Zip _____

Title _____ Spouse _____

Name _____ Soc. Sec. No. _____

Home Address _____ City, State Zip _____

Title _____ Spouse _____

877-426-7337**www.bordercorp.com****877-386-4651**

CORPORATION:

President _____ Vice President _____ CFO/Treasurer _____	Address _____ _____ _____
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PRINCIPAL SUPPLIERS

Name _____ Phone _____ Fax _____ E-Mail _____ Address _____
Name _____ Phone _____ Fax _____ E-Mail _____ Address _____
Name _____ Phone _____ Fax _____ E-Mail _____ Address _____
Bank _____ Branch _____ Acct. No.'s _____ Phone _____ Fax _____ E-mail _____ Does Company Own Real Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Address _____ Address _____

TO BETTER SERVE YOU PLEASE PROVIDE THE FOLLOWING:

Where is your preferred location for purchasing products? Border Branches: <input type="checkbox"/> Phoenix <input type="checkbox"/> Tucson <input type="checkbox"/> Flagstaff <input type="checkbox"/> Yuma <input type="checkbox"/> San Diego <input type="checkbox"/> Las Vegas <input type="checkbox"/> El Paso <input type="checkbox"/> Rebar Marvel Branches: <input type="checkbox"/> North <input type="checkbox"/> Central <input type="checkbox"/> Northwest <input type="checkbox"/> East
Do you have a primary point of contact with us? <input type="checkbox"/> Yes <input type="checkbox"/> No Salesperson Name _____
How many active or current projects do you have in progress? _____ Name of significant job(s) _____ _____
Are there any orders pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Desired Credit Amount: _____ Required by date: _____

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