



Bonneville Industrial Supply Company

Credit Application

***PLEASE PRINT CLEARLY**

Locations

Idaho Falls
Boise
Pocatello
Soda Springs

515 S. Utah Avenue
P.O. Box 51328
Idaho Falls, Idaho 83405-1328
Phone: (208) 523-6220
Email: office@biscoif.com

Name: _____ Date: _____

Shipping Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of Business: _____ Date Business Established: _____ Federal ID # _____
 Individual Partnership Corporation L.L.C.

Members of Firm

President/Owner/Partner: _____

Vice-President: _____

Secretary: _____

Credit References

Name of Bank: _____ Account # _____

Address: _____

Trade References & Addresses ****PLEASE INCLUDE EMAIL****

1. _____ Phone # _____
_____ Email _____

2. _____ Phone # _____
_____ Email _____

3. _____ Phone # _____
_____ Email _____

Terms are NET 30 Days from invoice date. In the event payment is not made within terms, purchaser agrees to pay all costs and expenses of collecting debt due to BISCO, including interest and a responsible attorney's fee. Interest charges of 1-1/2% per month will be charged on all past due accounts. I authorize that a credit report may be pulled to determine credit worthiness. I/We agree and will adhere to the above terms.

Signature of Officer/Partner/Owner: _____

Title: _____

PERSONAL GUARANTEE

Please fill out this section in its entirety and return with your credit application.

Customer Name: _____

Billing Address

Shipping Address

Street: _____

Street: _____

P.O. Box: _____

P.O. Box: _____

City: _____

City: _____

State: _____

State: _____

Zip: _____

Zip: _____

Phone Number: _____

Email address: _____

Please indicate how you would like to receive your invoices.

Mail: _____ Email: _____ Email (Please include email address): _____

Type of Business: _____

Purchasing Agent's Name _____

Accounts Payable Contact: _____ Email address: _____
(If different from above)

Please check either YES or NO

P.O. Numbers Required:	YES	NO
Statements Required:	YES	NO
Job Name or Number Required	YES	NO
Accept Backorders:	YES	NO
Accept Substitutes:	YES	NO
Can any employee sign on account:	YES	NO

If NO, which employees are authorized to sign on account:

Special Instructions:

To establish an open account with BISCO, I certify that I have the authority to request the release of financial information on:

Name of Entity requesting account

Signature

Printed Name

Title

Date

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Idaho Falls, Idaho. 83402

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Email: office@biscoif.com

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AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

We have applied for credit with BISCO, Bonneville Industrial Supply Company. As part of the application process, BISCO may verify information contained in our application.

We authorize you to provide any and all information they request. Such information includes, and is limited to, relevant information pertaining to trade history with other vendors and/or bank account conformation and accounting standing.

BISCO may address the authorization to any party named on our credit application.

A copy of this authorization may be accepted as an original.

Your PROMPT reply to BISCO is greatly appreciated.

Company Name (please print)

Signature of authorized signer

Title

Date