



Copper State Bolt & Nut Co.

Customer Application for Credit & Profile

Accounting Remit to: Dept 880220 / PO Box 29650, Phoenix, AZ 85072-9650

(602) 455-9141, Fax (602) 269-3142, Email credit@copperstate.com

Visit us online at www.copperstate.com

Customer #
Sales Name(s)
Branch

Copper State is a distributor supporting customers throughout the southwestern U.S. Our manufacturing division supports customers throughout North America. With over 400 employees we offer a wide range of products to varied customer industries with a focus on service, quality, and competitive pricing. Please complete the information below and submit it to our Accounting office at credit@copperstate.com. If you have a standard credit sheet that you provide vendors, please attach that sheet and fill-out any missing information below. A valid signature from an authorized company representative is required at the bottom of Section 1.

1. Company Information

Legal Business Name	Doing Business as (DBA), if applicable			Employer ID
Physical Address - Street	City	State	Zip	Tax Exemption ID (Attach Cert)
Phone	Fax	Email		Date and State of Incorporation
Billing Address – Street or PO Box (if different from above)		City	State	Zip
Phone	Fax	Email		Billing contact (if applicable)
Email for PDF Invoices and Statements				

Copper State Bolt & Nut Co. reserves the right to limit or withdraw the extension of credit at any time. Accounts receivable functions are processed through Copper State. Consequently, the applicant(s) agrees that in the event of suit or action, venue and jurisdiction will take place in Phoenix, Maricopa County, Arizona, and that this will be the option of Copper State. The applicant(s) give their permission to Copper State and/or its agents to verify and/or supplement the information stated herein. The applicant(s) agree to notify Copper State, in writing, within thirty (30) days of any changes in ownership, partnership, officers, management, or entity. The applicant(s) acknowledges and agrees to payment terms of 1% 10, Net 30. In the event this Agreement is placed by Copper State in the hands of an attorney or collection agency after default or enforcement of collection, the applicant(s) agree to pay all collection costs, interest at the rate of 18% per annum, together with reasonable attorney's fees including, without limitation, fees for the successful defense of any cross-claim or counter-claim.

Signature / Name / Title _____ Date _____
The undersigned personally, jointly and severally guarantee payment in accordance with the terms and conditions set forth above. This guarantee shall be irrevocable.

2. Principals / Ownership

Name (First, MI, Last)	Title
Name (First, MI, Last)	Title
Name (First, MI, Last)	Title

Please attach additional sheets if necessary.

Indicate type of business (check only one)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole-Proprietorship
<input type="checkbox"/> General Partnership	<input type="checkbox"/> LLC/Limited Partnership
<input type="checkbox"/> Government	<input type="checkbox"/> Other (please specify) _____
Number of employees _____	
Annual Sales _____	
Est. Monthly Purchases _____	
(please check all that apply)	
<u>Industry</u> <u>Products/Services</u>	
<input type="checkbox"/> Mining/Nat'l Resources	<input type="checkbox"/> Fasteners
<input type="checkbox"/> Municipal/Utilities	<input type="checkbox"/> Industrial Supplies
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Construction Products
<input type="checkbox"/> Construction/Electrical	<input type="checkbox"/> Power Tools
<input type="checkbox"/> Construction/HVAC	<input type="checkbox"/> Gaskets/Fluid Sealing
<input type="checkbox"/> Construction/Other	<input type="checkbox"/> Inventory Mgmt (VMI)
<input type="checkbox"/> Steel Fabrication	<input type="checkbox"/> Rental/Repair
<input type="checkbox"/> Wholesale/Retail	<input type="checkbox"/> Manufactured Specials
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Home Address

Home Address

Home Address

3. Delivery & Ordering Info

Delivery Address - Street	City	State	Zip	Contact (if applicable)
Delivery Address - Street	City	State	Zip	Contact (if applicable)
Authorized buyers (if applicable)				
Authorized buyers (if applicable)				

Please attach additional sheets if necessary

4. Trade References

Please do not include credit-card companies – feel free to attach a standard credit sheet

Vendor's Name	Account No. (if applicable)	Phone	Email Address	
Address - Street	City	State	Zip	Contact (if applicable)
Vendor's Name	Account No. (if applicable)	Phone	Email Address	
Address - Street	City	State	Zip	Contact (if applicable)
Vendor's Name	Account No. (if applicable)	Phone	Email Address	
Address - Street	City	State	Zip	Contact (if applicable)

5. Bank References

Feel free to attach a standard credit sheet

Bank Name	Account No.	Phone	Fax	
Address - Street	City	State	Zip	Contact (if applicable)
Bank Name	Account No.	Phone	Fax	
Address - Street	City	State	Zip	Contact (if applicable)

6. Other Information

Please include any additional information that you think may be helpful in evaluating this application

Thank you for selecting Copper State as one of your valued suppliers. We appreciate the opportunity to support your business.