



620 North Post Street Post Falls, ID 83854 208.777.7444 p 208.777.7445 f

APPLICATION FOR CREDIT

Your Company Name:
Mailing Address:
City:
State: Zip: Phone: Fax:
Physical Address:
City:
State: Zip:
Sub. Of:
Credit or A/P Contact:
Phone # of Credit or A/P Contact:
Email of Credit or A/P Contact:

PLEASE LIST YOUR TOP THREE LARGEST TRADE SUPPLIERS

Company:
Contact:
Contact Email:
Ph: Fax:

Company:
Contact:
Contact Email:
Ph: Fax:

Company:
Contact:
Contact Email:
Ph: Fax:

Permission to release trade supplier payment history and credit information to Spunstrand:

I, _____, hereby grant permission for each supplier named on this form to release payment information and credit history to Spunstrand, Inc by phone, fax, or email.

Signed by: _____
Title: _____ Date: _____

Attested by:

I, _____, hereby attest that the information provided on this form is accurate to the best of my ability.

Signed by: _____
Title: _____ Date: _____