



# Casper Contractors Supply, Inc.

664 Circle Drive, Casper WY 82601  
Phone 307-472-5421 Fax 307-577-7773  
Toll free 800-573-2741  
[www.caspercontractors.com](http://www.caspercontractors.com)

## Application for Open Credit Account

Date \_\_\_\_\_

Firm or Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ AP Phone: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Would you like to be added to our email list for special events and promotions? **YES NO** Email \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Year Established: \_\_\_\_\_

### Sole Owner or Partnership: Please provide the following information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Corporations: Please list corporate officers

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **For Office Use Only**

Credit Refs Rec'd \_\_\_\_\_

Credit Limit \_\_\_\_\_

Account # \_\_\_\_\_

Terms Letter Sent \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Account Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Credit References: PLEASE FILL OUT COMPLETELY. INCOMPLETE INFORMATION MAY RESULT IN DENIAL OF CREDIT**

*Email address may be substituted for the fax number if preferred*

1. Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ State: \_\_\_\_\_

2. Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ State: \_\_\_\_\_

3. Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ State: \_\_\_\_\_

**Your Requirements**

I wish to receive invoices and statements via: **FAX** **EMAIL** **USPS**

Do you require a purchase order? \_\_\_\_\_ If yes, in hand? \_\_\_\_\_

Do you require job names? \_\_\_\_\_ Numbers \_\_\_\_\_ Both \_\_\_\_\_

Are your purchases for resale? **Yes / No** If so, please include your certificate of exemption with your application. *Sales tax is charged to your account until a certificate of exemption is on file in our office.*

Please attach a list of personnel authorized to sign for product on your account.

- **If you do not require a PO at time of purchase and you do not attach a list of authorized signers, you assume full responsibility for any product signed for in your company's name, regardless of signer's employment status with you.**

\_\_\_\_\_ Authorized Signer List attached and/or PO/Job Number required

**\*\*\* It is your responsibility to notify CCSI of changes in authorized signers \*\*\***

**Our Terms and Conditions**

1. All purchases will be paid in full within 30 days from date of invoice. Any balance remaining unpaid after this time will be PAST DUE, and subject to a late charge of 1 ½% per month until paid in full. At any time when the account is past due the seller may engage in collection services for collection and the undersigned agrees to allow all reasonable collection fees and court costs to be added to the principal balance.
2. The undersigned authorizes the seller to deliver merchandise to any person representing him or herself as an employee or representative of the purchaser and his or her signature will constitute acceptance by the purchaser. If you do not have a current authorized signers list on file or a PO system in place, you will be responsible for any merchandise signed for in your company's name.
3. No merchandise will be returned for credit without the written consent of the seller. Merchandise accepted for return will be subject to a minimum 20% restocking fee. Special orders are billed to your account at the time of receipt at our facility. Special order items are NON refundable, regardless of when or if you pick the order up from our facility.

***I certify that all the information on this form is correct. Further, I fully understand Casper Contractors Supply, Inc's credit terms and I agree to the proper payment in consideration of extended credit.***

Signed By: \_\_\_\_\_ Position: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_