

Please fax completed applications to Accounts Receivable at 303-666-4918



Customer # _____ Date: ___/___/___
Credit limit _____
Approved by: _____ Salesperson: _____

Company Name: _____
Street: _____
City: _____
Phone #: _____
Contact Name: _____
A/P Contact Name: _____
A/P Phone: _____
A/P Email: _____
Resale/Sales Tax #: _____ (Please fax certificate)

Application For:
_____ COD Company Check
_____ Net 30 Terms

Type of Business: _____
Years in Business: _____

OFFICER INFORMATION/CHECK SIGNING AUTHORITY

Name/Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

BANK REFERENCES:

Name: _____	Name: _____
Contact: _____	Contact: _____
Account # _____	Account # _____
Street: _____	Street: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____

CREDIT REFERENCES:

Name: _____	Name: _____
Contact: _____	Contact: _____
Account # _____	Account # _____
Street: _____	Street: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____

CREDIT REFERENCES:

Name: _____	Name: _____
Contact: _____	Contact: _____
Account # _____	Account # _____
Street: _____	Street: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____

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Bank Information Release Form

I, _____, HEREBY
AUTHORIZE THIS BANK REFERENCE TO RELEASE THE FOLLOWING
INFORMATION TO CCX CORPORATION REGARDING OUR ACCOUNT

SIGNED,

(Position)

(Dated)