

\_\_IPACO INC.  
\_\_TRI-AG CORP.

# CREDIT APPLICATION

Fax: (435) 753-4090

555 North 1000 West  
Logan, UT 84321  
Phone: (435) 753-1942

Billing Address (if different):

\_\_\_\_\_  
Company Name\*

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\*If subsidiary, list name of parent corporation: \_\_\_\_\_

## COMPANY OFFICERS

List Employees Authorized To  
Sign For Materials

\_\_\_\_\_  
Name Title Home Phone SSN#

\_\_\_\_\_  
Name Title Home Phone SSN#

\_\_\_\_\_  
Name Title Home Phone SSN#

## COMPANY INFORMATION

Amount of Credit Desired: \$ \_\_\_\_\_

Contractor License No.: \_\_\_\_\_

How long in Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Is Purchase Order required?  YES  NO

Tax Exempt?  Yes  No # \_\_\_\_\_

Is this business:

A Proprietorship

A Partnership

A Corporation FED ID#: \_\_\_\_\_

## BANKING

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Address

Checking  Savings  Loan

## CREDIT REFERENCES (other than Bank) Trade References Preferred:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

It is agreed and understood that the account is due and payable no later than 30 days following date of purchase or upon receipt of invoice. It is further agreed and understood the terms of sale provide that title of materials shall be retained by IPACO until payment in full of the purchase price, whether or not said products are affixed to a building, and the buyer agrees they may be repossessed at sellers option upon default in payment of 30 days or other agreed specified time. It is further understood a FINANCE CHARGE of 1 1/2 percent per month, which is A PER ANNUM rate of 18 percent will be charged on the account if not paid within terms. These obligations which are incurred from time to time on this account are payable at the office of IPACO, 555 North 1000 West, Logan, Utah. The purchaser also agrees to pay reasonable costs and attorney fees for collection of this account.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use: Account #: \_\_\_\_\_ Credit Limit: \$ \_\_\_\_\_ Approved By: \_\_\_\_\_

**Guarantee and Disclaimer for IPACO INC.**

**PERSONAL GUARANTY**

By signing below, the individual(s) represent that he or she is an owner or senior officer of \_\_\_\_\_ ("Merchant") that he or she will benefit from the services and financial accommodations provided to the Merchant business, and that he or she consents to the terms of the aforementioned agreement. In order to induce IPACO to enter into the agreement each Guarantor hereby personally guarantees Merchant's full performance under the agreement, including all fee and cost of services. If there is more than one Guarantor, each Guarantor shall be jointly and severally liable. IPACO may proceed against any Guarantor with or without joining or first proceeding against the Merchant entity or any other persons. Each Guarantor waives every kind of notice to which the undersigned might be entitled and agrees that the undersigned's liability shall not be affected by any act or omission of IPACO, or indulgence granted by IPACO, respecting Merchant.

**GUARANTOR**

**GUARANTOR**

By: \_\_\_\_\_

By: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**DISCLAIMER**

If balance is not paid in full by the due date, I hereby agree to pay interest in the amount of 18% per annum from the date issued on any portion that is unpaid. I also agree to pay collection agency fees not to exceed 50% of the total amount to be collected, plus all attorneys' fees and court costs involved with collections.