McGee Company 1140 South Jason Street

Denver, CO 80223

Toll Free: (800) 525-8888 Phone: (303) 777-2615 Fax (303) 777-7140

Credit Customers: Please Complete All Information And Signature For Review COD Customers: Please Complete Top Portion And Signature

ACCOUNT APPLICATION					
Legal Name:		DBA:			
Phone: Fa	Fax: Website:				
Billing Address:					
Shipping Address:		City	State	Zip	
Street		City	State	Zip	
Attached copy of W9 Y N Attach	ed Resale Certificate	′ N Years	in Business:		
AP Contact:	Email <u>:</u>		Email Invoice:	: Y N	
Type of Ownership: CorporationPa	rtnershipIndividual	Other:	Federal ID:		
Owner:	Home Address:				
		Street	City State	Zip	
	REFERENC	ES			
Name of Bank:	k:Name of Officer Handling Account:				
Address:	Phone:				
Trade References (Firms Currently Exte	-		Division		
1).			Pnone:		
Street Address: Street		City	State	Zip	
2).	AP Contact:		Phone:		
Street Address:					
Street		City	State	Zip	
3).	AP Contact:		Phone:		
Street Address:		City	State	Zip	
The Undersigned hereby applies for an account and/or creobligation to provide, as follows:	edit and agrees, in consideration of th	•		•	
1. In the event of the undersigned's failure to pay any ir all unpaid invoiced amounts shall, at the sole option of the					
If any invoiced amount is not paid when due or declarate allowed by the state. The Undersigned agrees to pay all costs of collection				·	
4. I/We authorize the Company to make such investigatesirable.	tion of our financial condition and the	representations contain	ned in this application as the Com	pany may deem	
Sign: Name:		Title <u>:</u>	Date <u>:</u>		
	GUARANTY				
For value received, the undersigned hereby unconditional under invoices to the undersigned and/or the above agree forthwith pay the same.					
Sign:	Name <u>:</u>		Title:		
Home Address:		SS#:	Date:		

City

Street

State

Zip