A&I Distributors

P.O. Box 1999 Billings, MT 59103

Phone: (406) 245-6443 **Fax:** (406) 256-1113

E-mail Address:Credit Requested:	Account NumberSalesman Number							
		ON FOR COMMERCIA						
For the purpose of obtaining a should rely on same as true as		from A&I Distributors, th	e following statement is	made, intending you				
Legal of Name Firm:		Since:	Phone:	Phone:				
DBA:		Since:	Fax:	Fax:				
Physical Address:		City:	State:	Zip:				
Mailing Address:		City:	State:	Zip:				
Ship to Address:		City:	State:	Zip:				
Order Contact:	Phone:							
Accounts Payable Contact: _	ounts Payable Contact:Phone:							
TYPE OF BUSINESS Federal ID#:		Resale Taxa	# :	County:				
Proprietorship []	Partnership []	nership [] Corporation [] LLC [] Government []						
Please list each owner and/or off I/we understand that all past due including a return check fee of n release of credit information to A	accounts will be subject ot less than \$30.00 and r	to a service charge of 1.5% easonable attorney's fees sho	per month or 18% per anni	um. I/we agree to pay all costs				
1. Name		Title	Phone	Phone				
Address		City	State	Zip				
S.S.N		* <mark>SIGNATURI</mark>	<u>.</u>					
2. Name		Title	Phone					
Address		City	State	StateZip				
S.S.N		* <mark>SIGNATURI</mark>	<u>.</u>					
s. Name		Title	Phone					
Address		City	State	Zip				
S.S.N		* <mark>SIGNATURI</mark>	<u>C</u>					

PLEASE NOTE:

- A) APPLICATION MUST BE SIGNED BY AT LEAST ONE OWNER OR OFFICER.
- B) ORIGINAL MUST BE RETURNED BEFORE CREDIT ACCOUNT CAN BE OPENED.
- C) IF ATTACHING CREDIT LETTER PLEASE SIGN CREDIT APPLICATION.

REFERENCES:					
1. Name		Phone		Fax	
Address	City		State		Zip
2. Name_		Phone		Fax	
Address	City	 	State	· · · · · · · · · · · · · · · · · · ·	Zip
3. Name		Phone		Fax	
Address	City		State		Zip
SALES TAX:					
Are your purchases subject to sales tax?	YesNo				
If yes, please list tax body, taxing authority _		Sales tax rate to be charged			
If no, please provide documentation: ie: Con	mpleted Streamli	ned Exemptio	on Certificate, ST	-101, copy of 1	reseller permit
BANKING REFERENCE:					
Name		Phone	· · · · · · · · · · · · · · · · · · ·	Fax	
Address		City		State	Zip
Acct#		_ Account Offic	er		
 (1) The payment to A&I upon demand Service Charges thereon; (2) The payment of all costs and expensioned between the payment of all costs and expensioned of Debtor. Upon any default of Debtor on any obligation own undersigned of the full amount of such defaulted at once against undersigned to collect such amount. 	of all sums of months asses, including attorned A&I, A&I may obligation, and if	ney now or here orney's fees inco or, at its option, to Debtor shall no	urred by A&I in co	onnection with the nand and be entited to A&I, A&I m	ne collection of the cled to the payment from ay proceed directly and
without foreclosing upon or selling or otherwise such time or so to proceed shall not relieve under event that it is necessary for A&I to bring an acti undersigned, in addition to costs and disbursement. This guaranty shall be a continuing one and under and all forms of such indebtedness, and also, not	rsigned of undersig on or suit against unts allowed by law ersigned hereby exp	gned's obligation undersigned to only a reasonable appressly waives	on hereunder or in enforce this guaran amount for A&I at presentment, dema	any sense constinty, A&I shall be torney's fees in and, protest, and	tute a waiver. In the e entitled to recover from such action or suit. notice of protest on any
presumed by its request for this guaranty and recobligation guaranteed by this guaranty without no	eipt of the same by	it. Undersigne			
This guaranty shall be construed according to the the heirs, executors, administrators, successors, a					
Dated this	day of		, 20	·	
(NO TITLE PLEASE) Signature:					
Address:					
City, State, and Z	Zip Code:				