



Credit Application

Fax back to (208) 733-4308 or Email to: mary@bsrequipment.com

Personal Information

*Required Information

*First Name:	_____	*Last Name:	_____
*Birth Date:	____/____/____		
*Phone:	(____) _____	Fax:	(____) _____
Email Address:	_____		
*Current Home Address:	_____		

City/State/Zip:	_____		
*Previous Home Address (if moved within 90 days):	_____		

City/State/Zip:	_____		

Company Information

*Company Name:	_____		
Phone:	(____) _____	*Owner/Officers:	_____
Type of Business:	Corp/Sole P/ Partner/LLC	Fax:	(____) _____
Billing Address:	_____		

Years in Business:	_____		

City/State/Zip:	_____		
Physical Address:	_____		

City/State/Zip:	_____		

Bank Reference:

Bank:	_____	Contact:	_____
Phone:	(____) _____		
Acct #:	_____	Name on Acct:	_____
Address:	_____		

City/State/Zip:	_____		

Trade References:

Company:	_____	Contact:	_____
Phone:	(____) _____		
Address:	_____		

City/State/Zip:	_____		
<hr/>			
Company:	_____	Contact:	_____
Phone:	(____) _____		
Address:	_____		

City/State/Zip:	_____		

I authorize BSR Equipment to obtain credit information from any reference listed above.

Signature: _____

Date: _____