

Phone (406) 585-0505  
Fax (406) 585-0808



32050 E. Frontage Rd.  
Bozeman, MT 59715

## Net 30 Credit Application

A completed and signed application is required prior to establishing an open credit account with West Paw Design.  
Please fill out this form completely and clearly.

Bill to: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Federal ID #: \_\_\_\_\_ Date Est. (1 yr credit history req.) \_\_\_\_\_  
Business Form:  Corporation/State: \_\_\_\_\_  Partnership  Proprietorship

### AUTHORIZATION TO OBTAIN CREDIT INFORMATION

We hereby apply for credit with West Paw Design. We authorize you to contact the bank and suppliers listed below, and they in turn may give West Paw Design the required information.

\_\_\_\_\_  
Authorized Banking Signature Title Date

### CREDIT REFERENCES

All Trade References listed must have an open account (terms) with your company for consideration.

Bank \_\_\_\_\_ Acct # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_ Fax or Email \_\_\_\_\_

Trade \_\_\_\_\_ Acct # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax or Email \_\_\_\_\_

Trade \_\_\_\_\_ Acct # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax or Email \_\_\_\_\_

Trade \_\_\_\_\_ Acct # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax or Email \_\_\_\_\_

### ACCEPTANCE OF TERMS

#### TERMS:

- West Paw Design terms start from the date of shipment.
- West Paw Design reserves the right to change terms at its discretion.
- An account is delinquent 5 days after due date. Delinquent accounts may be charged 1 1/2% per month, 18% per annum.
- Accounts will automatically switch to COD, prepay or credit card if an invoice is 30 days past due or if an NSF check is received. In order to preserve our sales relationship, all NSF checks will be handled by a third party.
- If an invoice is 20 days past due, no new orders will be shipped until the past due invoice is paid.
- **Canadian Accounts: All invoices must be paid in US Funds.**

**I have read & accept these terms:**

Owner or Officer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_