



Salt Lake City
184 West 3300 South
Salt Lake City, UT 84115
801.484.8885

West Jordan
8152 S. Welby Park Dr.
West Jordan, UT 84088
801.613.3200

Layton
1435 West Hillfield Road
Layton, UT 84041
801.544.3027

Pleasant View
2714 North 1600 West
Pleasant View, UT 84404
801.544.3027



OPEN ACCOUNT AGREEMENT

GENERAL INFORMATION:

Business Name:			
Billing Address:			
Street	City	State	Zip
Shipping Address:			
Street	City	State	Zip
Phone Number: (XXX-XXX-XXXX)	Fax Number: (XXX-XXX-XXXX)	E-Mail:	

If name of business and/or location has changed within the last two years, please list:

Company:			
Project Address:			
Street	City	State	Zip

Type of Ownership:

C Corp:	<input type="checkbox"/>	S Corp:	<input type="checkbox"/>	Partnership:	<input type="checkbox"/>	Limited Liability Co:	<input type="checkbox"/>	Limited Partnership:	<input type="checkbox"/>	Sole Proprietorship:	<input type="checkbox"/>
Type of Business: _____						Date Started: _____ mm/dd/yyyy					
Federal I.D. #: _____ — _____						Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number: _____											
Are Purchase Orders Required: <input type="checkbox"/> Yes <input type="checkbox"/> No						Would you prefer to have invoices: <input type="checkbox"/> Mailed					
						<input type="checkbox"/> Faxed					
						<input type="checkbox"/> E-Mailed					

OWNERS AND OFFICERS:

Name: _____	Phone Number: _____ (XXX-XXX-XXXX)	Social Security: _____
First Last		
Address: _____		
Street	City	State Zip

Name: _____	Phone Number: _____ (XXX-XXX-XXXX)	Social Security: _____
First Last		
Address: _____		
Street	City	State Zip

Name: _____	Phone Number: _____ (XXX-XXX-XXXX)	Social Security: _____
First Last		
Address: _____		
Street	City	State Zip

Have any owners or officers ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, Who and When:	

BANK REFERENCES:

Name:				
Address:				
	Street	City	State	Zip
Bank Officer:	Phone Number:	(xxx-xxx-xxxx)	Account #:	

Name:				
Address:				
	Street	City	State	Zip
Bank Officer:	Phone Number:	(xxx-xxx-xxxx)	Account #:	

TRADE REFERENCES:

Name:				
Address:				
	Street	City	State	Zip
Phone Number:	(xxx-xxx-xxxx)	Account Balance:		

Name:				
Address:				
	Street	City	State	Zip
Phone Number:	(xxx-xxx-xxxx)	Account Balance:		

Other:

Applicant Name:	
First	Last
Position with the Company:	

Contractor License Number:	Classification:
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TERMS AND CONDITIONS

In compliance with the "Consumer Credit Protection Act of 1968," we are providing you with the following information:

- 1) All invoices are due in full on the 10th of the month following billing.
 - a) Items allowed 2% discount if paid by this date.
- 2) A FINANCE CHARGE will be assessed if accounts are not paid when due.
 - a) This finance charge will be an additional 1.5% per month on all remaining balances.
 - b) The finance charge will appear on all accounts not paid within 30 days after due date and will continue each month until paid in full.
- 3) Under the provisions of the MECHANICS' LIEN ACT, a mechanic's lien may be filed against any real estate if payment for said merchandise is not made when due.

Default: Should any default be made in any of the terms hereunder, all amounts owed by customer shall become immediately due and payable. In the event any action is taken to collect the account balance, customer and guarantors agree to pay all expenses of collection to the extent permitted by law including, but not limited to, actual attorney fees and costs incurred by Mountain States Supply. Guarantor agrees such costs and expenses, including attorney's fees, may be added to the balance due. All payments are payable to Salt Lake County, Utah. No terms or conditions hereof may be changed except by written consent of Mountain States Supply.

I/We understand, acknowledge, and accept Mountain States Supply terms of sale and certify that the information given herein is true and correct.

I/We hereby authorize you or your agent/representative to secure a credit report and agree to the release of credit information. This authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original.

By: _____ Title: _____

Signature: _____ Date: _____

GUARANTEE

In consideration of Mountain States Supply (hereinafter referred to as MSS) extending credit hereunder, the undersigned jointly and severally, and unconditionally guarantee and promise to pay to the order of MSS, on demand, any and all indebtedness, whether before or after incurred, of the above named applicant to MSS. This is a continuing guarantee, and the obligations created hereby are unaffected by any change in the terms of the original indebtedness between MSS and the above named applicant save that of payment. All payments are payable in Salt Lake County, Utah.

I/We hereby authorize you or your agents/representative to secure a credit report and agree to the release of credit information. This authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original.

Date: _____

Signature: _____ Social Security #: _____

Internal Use Only:

Salesman:

Matrix: