



HIGH COUNTRY FUSION COMPANY, INC.  
 P.O. BOX 509  
 FAIRFIELD, ID 83327  
 208-764-2000 / 208-764-2094 (FAX)

HCFC Sales Contact: \_\_\_\_\_

**Application for Credit**

**Contact Information:**

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

e-mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_ Web site: \_\_\_\_\_

**Business Information:**

Type of Business: \_\_\_\_\_ Date started: \_\_\_/\_\_\_/\_\_\_

Type of Ownership: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_

Sole Proprietor \_\_\_\_\_ Other \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Tax Exempt: Yes \_\_\_ No \_\_\_ If Yes, attach tax exemption certificate.

**Check Desired Credit Limit:**

\_\_\_\_\_ < \$2,000.00 \_\_\_\_\_ \$5,000.00 \_\_\_\_\_ \$10,000.00 Or \_\_\_\_\_ > \$10,000.00 Amount: \_\_\_\_\_

**Owners and or Officers:**

Name	Home Address	Title	Home Phone	SS#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Bank References:** Bank \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account # \_\_\_\_\_

**Trade References** Phone and Fax Numbers Required:

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#1 Company Name

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Address

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City                      State          Zip  
(    )

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Phone  
(    )

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Fax

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#2 Company Name

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Address

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City                      State          Zip  
(    )

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Phone  
(    )

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Fax

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#3 Company Name

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Address

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City                      State          Zip  
(    )

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Phone  
(    )

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Fax

---

#4 Company Name

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Address

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City                      State          Zip  
(    )

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Phone  
(    )

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Fax

**ALL PRICES**, specifications and terms are subject to change without notice.

**FREIGHT CHARGES** are prepaid and added to all orders not qualifying for full freight allowance.

**NO RETURNED GOODS** will be accepted without prior authorization from High Country Fusion Company, Inc. All authorized returns must be marked with HCFC's Return Material Authorization (RMA) numbers. Appropriate documents describing the reason for the return and including either HCFC's invoice number or the buyer's PO number should be included with the packaging. **NO FREIGHT COLLECT RETURNS WILL BE ACCEPTED.** A 25% restocking fee is applicable to all returns.

**SPECIAL ORDER ITEMS:** Fabricated items may not be returned under any conditions. Special Order changes may be subject to additional charges.

**PAYMENT TERMS** are net 30 days from date of invoice. Past due accounts will be subject to a 1.75% service charge per month. Buyer agrees to pay all costs of collecting including but not limited to attorney's fees and court costs should the indebtedness have to be collected by outside services. If you require different terms, please discuss this with your salesman.

**APPROVAL:** Upon approval of the above application, HCFC will inform customer of Credit Limit and request additional information if needed.

**CERTIFICATION:** The applicant certifies the following: (1) the information I provide is true and correct and has been submitted to obtain commercial credit; (2) I am authorized to execute applications and other documents required to establish commercial credit accounts on behalf of Applicant; and (3) Seller is hereby authorized to investigate and verify any information proved and inquire of references or other as to credit worthiness; (4) Seller may answer questions from others about its credit experience with the Applicant; and (5) I have read, understood and agree to all of the terms and agree to notify Seller, in writing, of any material change in ownership within five days.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date:** \_\_\_\_\_