



Boise Rigging Supply
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CREDIT APPLICATION

Company: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Fax: _____

Email: _____

Type of Business (Sole Owner, Partnership, Corp): _____

Years in Business: _____

Owner(s) Name: _____

Credit or Trade References

Name _____ Name _____

Address _____ Address _____

City & State _____ City & State _____

Phone# _____ Phone # _____

Fax# _____ Fax# _____

Name _____ Name _____

Address _____ Address _____

City & State _____ City & State _____

Phone# _____ Phone # _____

Fax# _____ Fax # _____

I certify that the above information is true. The information is to be used only for the opening of an account.

Sign, Title and Date: _____