



PO Box 928, Killdeer, ND 58640 701.764.5555 office@thecowboystation.com

CREDIT APPLICATION FOR INDIVIDUAL ACCOUNT

APPLICANT

Individual Name: _____
Address: _____
City, State, Zip: _____ Social Security Number: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

How would you like your invoices and statements delivered? (Check the appropriate box(es) and list the contact information)

Email: _____
Mail: _____

CREDIT INFORMATION

Primary Address: _____
City, State, Zip: _____ How long at current address? _____
Primary Bank: _____
Bank Address: _____
City, State, Zip: _____ Contact Person: _____
Phone Number: _____ Fax Number: _____
Email Address: _____ Type of Account: Savings Checking Other

*****please proceed to the back page to complete your application*****

CREDIT REFERENCES

Company Name: _____

Address: _____

City, State, Zip: _____ Company Contact: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Type of Account: _____

Company Name: _____

Address: _____

City, State, Zip: _____ Company Contact: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Type of Account: _____

Company Name: _____

Address: _____

City, State, Zip: _____ Company Contact: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Type of Account: _____

AGREEMENT

The undersigned agrees to pay the account in full by the 20th of each month following any purchases.

*In the event of late payment, **a finance charge of 2% per month** will be applied to any outstanding balance until paid in full. The applicant also agrees to be responsible for all collection fees, including reasonable attorney's fees, if necessary. By submitting this application, you authorize **Cowboy Station** to verify the banking and trade references provided. Credit limits will be established at the sole discretion of Cowboy Station.*

Signature: _____

Printed Name: _____ Date: _____