



CORPORATE OFFICE

2949 S. Main St. S.L.C. UT. 84115

ph: 801-467-8715 fax: 801-466-9153

## CREDIT APPLICATION

All information must be completed  
2949 S. Main Street, Salt Lake City, UT 84115

TEL: 801-487-8715

FAX: 801-466-9153

Company Name Fire Suppression Services Incorporated

Bill to Address 3802 South 2300 East  
Salt Lake City UT 84109

City Ph: (801) 277-6464

Type of Business: Partnership

Corporation

Sole Proprietorship

Date Business Established 1990

Federal Tax ID # \_\_\_\_\_

Is PO # Required? Yes Job Number/Name is REQUIRED

Credit Limit Requested: \$ \$200.00

Person in charge of paying account Arun (Mr.) Projects & Compliance or Misty Hunt A/P  
arunfss@live.com mistyfss@gmail.com

### Corporate Officers, Partners, or Owners:

<u>Name</u>	<u>SS#</u>	<u>Title</u>	<u>Home Address</u>	<u>Telephone#</u>
1. <u>Bard N Holbrook</u>		<u>President</u>		<u>(801) 277-6464</u>
2. _____				
3. _____				

<u>Bank Name</u>	<u>Branch Location</u>	<u>Account #</u>	<u>Type of Account (Check/Loan/Savings)</u>
1. <u>First Utah Bank 3806 South 2300 East SLC</u>	<u>Shilpi Culmer</u>	<u>(801) 272-9454</u>	
2. _____			

Credit References: Please list only those firms which you currently have a credit relationship for over a year, with an amount equal to or greater than the "Credit Limit Requested".

<u>Company</u>	<u>Contact Person</u>	<u>Address</u>	<u>Telephone #</u>
1. _____			
2. _____			
3. _____			

All purchases will be subject to State Sales tax? Yes    No   . If "No" must attach a resale Certificate. I hereby apply for an open account with CES & R. I understand that all accounts are due and payable 30 days after the purchase. It is further understood that a FINANCE CHARGE at the rate of 1.5% per month (minimum 50 cents) will be charged to my account for all invoices past due 30 days from date of purchase. This is an ANNUAL PERCENTAGE RATE OF 18%. I hereby agree to pay all costs of collection including reasonable attorney fees in the event this matter is referred to an attorney for collection whether or not litigation is commenced. I hereby "PERSONALLY GUARANTEE" payment of any and all debts incurred by the named account above.

Name Bard N. Holbrook  
(Print Name)

Authorized Signature 

Date 2013-Jul-08

For office use only account # assigned: \_\_\_\_\_