



# Customer Open Account Application

Billings - 2595 Enterprise Ave • 800-548-7887  
Bozeman - 525 Professional Drive • 406-587-0782  
Helena - 1902 Gold Ave • 406-442-7020  
Missoula - 1914 North Ave. West • 800-332-6426

You Are a:  Corporation  Partnership  L.L.C.  Other

Date:

Check If Statement Required: Accounts Payable - e-mail Address: \_\_\_\_\_

Company Name:  Phone Number:

Address  Fax Number:

City  State  Zip Code  email \_\_\_\_\_

Nature Of Business:  State Of Incorporation:  Date of Incorporation:

Name of Pricpal:  Title:

Home Address:  City  State  Zip Code

Phone Number:  % Ownership:

Additional Owners Names:  % Ownership:  Phone Number:

Additional Owners Names:  % Ownership:  Phone Number:

## Bank Information:

Name Of Bank:  Contact Person:

Address  Bank Phone Number:

City  State  Zip Code  Account #:  Acct. Type:

Account #:  Acct. Type:  Account #:  Acct. Type:

To Whom It May Concern:

This will be your authority and my request for you to release any information Selby's requests concerning personal or company credit standing.

Signature:

Type Name Above

## Trade References:

Company Name:  Company Name:

Contact  Contact

City  State  Zip Code  City  State  Zip Code

Phone Number  Phone Number

I certify that the above information is true and correct. I also understand that any and all **amounts charged will be paid within 30 days of receipt of invoice. PAST DUE ACCOUNTS ARE SUBJECT TO FINANCE CHARGES OF 1.5% EACH MONTH AN ANNUAL RATE OF 18%. MINIMUM FINANCE CHARGE IS \$1.00**

Signed By

(Corporate Officer or Responsible Party)

Print and Fax to: (406)-652-7825 Attn: Kathy

I have read and understand the above information