



U-Trau, Inc.

11720 East 49th Ave.
Denver, CO 80239
Phone::303.375.9620
Fax: 303.375.0815

U-TRAU OFFICE USE:

Report Faxed or emailed: _____
Experian pulled: _____
Credit report requests faxed: _____
Credit reports returned from _____

Credit Application

Principles: President: _____ Vice President: _____
Secretary: _____

Your business is a: A. Single Ownership *Circle One* B. Partnership C. Corporation

D.B.A. (Trade Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone:: _____ Fax: _____ email address: _____

Are Premises Owned or Leased? _____ Website URL: _____

Principal Owners Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ email address: _____

Years in industry: _____ Years in business: _____ Years at present address: _____

How long under present ownership? _____

Authorized Buyers: _____

Dun & Bradstreet number: _____ Dun & Bradstreet rating: (if known) _____

Amount of Credit Required? _____ **Please attach a copy of your last financial statement.**

During credit approval process will you receive goods as C.O.D. or CREDIT CARD?

notes: _____

Bank Reference:

Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ email address: _____

By signing below, the "Buyer" represents the accuracy of the preceeding account credit information. If signing on behalf of a partnership or corporation, "Buyer" warrants that he has the authority to act on behalf of such partnership or corporation.

Signature: _____



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Wholesale Goods Vendor Supplier References

Please share other vendors that you purchase goods for resale, not your basic service suppliers like the phone company

Reference 1: _____ Contact: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone:: _____ Fax: _____ email address: _____

Reference 2: _____ Contact: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone:: _____ Fax: _____ email address: _____

Reference 3: _____ Contact: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone:: _____ Fax: _____ email address: _____

Reference 4: _____ Contact: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone:: _____ Fax: _____ email address: _____

Reference 5: _____ Contact: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone:: _____ Fax: _____ email address: _____

Reference 6: _____ Contact: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone:: _____ Fax: _____ email address: _____

Reference 7: _____ Contact: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone:: _____ Fax: _____ email address: _____



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U-TRAU OFFICE USE:

Credit Report Request on Behalf of Company Named Below

Name and address of business requesting credit from U-Trau, Inc.

D.B.A. (Trade Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

The portion below is for the vendor to the above named business to fill out.

Dear Accounts Receivable / Credit Department,

We at U-Trau, Inc have a request for credit from the above named account. Would you please share your experience with this account on their behalf.

Thank You,
U-Trau, Inc.

1. Above named high credit amount with your company. _____
2. Above named account average days to pay with your company. _____
3. Above named account number of years history with your company. _____

Additional Comments about the above named account: _____

The authorization portion below is for authorized personnel with the company requesting credit from U-Trau, Inc. to fill out.

I _____ D.B.A. _____

authorize the information requested to be given to U-Trau, Inc. I understand that this information is to develop a line of credit with U-Trau, Inc. and will not be used or shared with anyone for any other purpose.